

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

PHARMACY update  
MULTIPLE CHOICE QUESTIONS

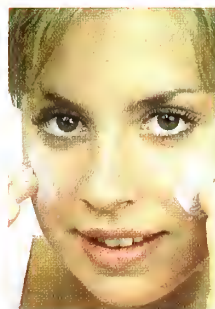
10 February 1996

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## NUROFEN



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The Department of Health's 1996-97 pay offer to community pharmacists in England and Wales is breathtaking, a blatant attempt to get something for nothing. The DoH says an increase in pay can only be justified if there is an increase in productivity. Well, there have been increases in productivity, and the DoH actually spells out two areas in its offer letter. Pharmacists are dispensing more prescriptions (in 1987-88 there were 367.4 million scripts dispensed, with income per item at 129.2p; in 1995-96 there were 474.1m at 136.6p – or 93.6p adjusted for inflation). There has been a "very considerable rise" in the number of homes receiving a pharmacist's advice. The DoH 'solution' to this is a less than inflation increase of 2.5 per cent in the global sum, a freeze in the dispensing fee, a reduction in the professional allowance and a shuffling of money into local budgets to pay for the expanding service being offered to nursing and residential homes! PSNC chairman David Sharpe is too delicate when he describes the offer as derisory.

It contrasts with health minister Gerald Malone's statements of late. He has complimented pharmacists on the introduction of sales protocols for OTC medicines, has spoken of the health promotion opportunities available through pharmacies and recognised the benefits of repeat and instalment prescribing schemes. His invitation to the profession to put forward its ideas on the way primary care should develop (see p169) is a clear indication that he sees pharmacy playing a full role in the multi-disciplinary primary care team of the future. However, pharmacists have had enough experience of DoH carrots in recent years. With many businesses feeling the chill of falling NHS margins and the retail pressures of the High Street, pharmacists will be more interested in what the minister does than what he says.

## CHEMIST & DRUGGIST

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# CHEMIST & DRUGGIST

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# 2.5 per cent offer 'insulting'

Pharmacists in England and Wales are being offered a 2.5 per cent increase in the global sum for 1996/97. The Pharmaceutical Services Negotiating Committee chairman, David Sharpe, has branded the offer "unacceptable" and "insulting".

In response to the PSNC's call for a 6 per cent rise in the global sum (*C&D* January 13, p 36), the Department of Health has outlined its offer for 1996/97 in a letter dated January 31.

The salient points are:

- a 2.5 per cent rise in the global sum to £688.5 million, dependent on the acceptance of local devolution of domiciliary oxygen services and a \$0.40 Controlled Drug fee for Schedule 3 drugs, including temazepam
- no increase on the 1995/96 dispensing fee of \$0.946. "Any increases in income from dispensing will, therefore, come from increases in activity," says the DoH
- \$735 per month as a professional allowance for pharmacies dispensing 1,100 prescriptions or more, rising to \$1,290 at 1,600 scripts.

As its stands, contractors receive \$755 per month at 1,100 prescriptions; with a graduated scale for those pharmacies falling between 1,100-1,599 at \$1.17 per script to a total of \$1,338.83 per month; for those dispensing 1,600 or over, the monthly rate is \$1,340.

The DoH explains that the reduction in the level of professional allowance is due to maintaining the threshold at the 1995/96 figures and failure to add any new criteria to qualify for the allowance. It was expected that the DoH would tie mandatory continuing education to the professional allowance

- to propose an increase of 5 per cent, within the overall total of the global sum, devolved to local level. Health authorities will be advised that the bulk of the increase is devoted to services to homes. Mr Sharpe feels the letter is "a bit ambiguous" on this point and will seek clarification at this week's DoH meeting.

The Department says its move recognises the "very considerable rise" in the number of homes receiving advice.

The DoH point blank refused PSNC's request of having a national fee for services devolved to local management

- all other fees would be frozen at 1995/96 level. "Any increases in pay being consequent on increases in activity," says the DoH letter.

On the issue of working capital, the Department believes that the amount required has fallen in cash, let alone real terms, since 1989. But the PSNC's financial secretary, Godfrey Horridge, points out the DoH's calculations are based on interest rate reductions, with labour and overheads not included in the equation.

He believes the offer is unequal. "The fact that they have reduced the professional allowance means a greater proportion of pharmacists' income is due to fees. The bigger they are, the bigger the percentage increase."

Mr Sharpe adds: "It would appear that the offer tends to favour the larger contractor."

In a formal response to the DoH, Mr Sharpe lists the elements of the offer from the pharmacist's view as:

- a freeze in the level of the dispensing fee
- a reduction in the value of the professional allowance, both on the graduated prescription scale and above the 1,600 prescriptions threshold
- an increase in the amount of global sum money devolved to local level in an effort to take account of the large number of homes already receiving advice from contractors
- a refusal to consider having national fees for the services which are devolved for local management
- no change in the level of any other fees.

Mr Sharpe concludes with the hope that the Department will "be prepared to make significant improvements to this derisory package".

- Meanwhile, public sector pay rises averaging around 4 per cent will be announced by Downing Street this week.

Dentists are expected to receive 4.3 per cent, but nurses are likely to get only around 2 per cent with any further increase coming from local agreements.

## LPC election delay

Postal strikes and recent bad weather have caused the local pharmaceutical committee elections time-table to be put back by one week.

Nominations should be returned to the Pharmaceutical Services Negotiating Committee by 12.00pm on February 16; voting papers will be issued by March 8 and returned by March 22. Results will be announced by April 5.

## Instalment pilots go to FHSA level

Family health services authorities have been asked by health minister Gerald Malone to come up with pilot schemes for instalment and repeat dispensing, (*C&D* February 3, p140).

Department of Health officials say that the schemes will be assessed and the best ones would be used as a model for the whole health service.

"We expect the FHSA's to work with pharmacist in drawing up their schemes," a spokesman says. He expects FHSA proposals to be submitted shortly.

# RPM action group takes off

The fight to protect Resale Price Maintenance takes off in earnest this week with the formation of an umbrella action group and the appointment of a public relations company.

Amid the Office of Fair Trading's review of RPM, the Community Pharmacy Action Group, representing interested professional and industrial parties, has been set up. It aims to draw public attention to the wide-ranging adverse effects of its abolition, not just the financial implications

for both pharmacists and manufacturers.

CPAG spokesman and National Pharmaceutical Association director Tim Astill says: "We strongly believe that the loss of RPM on non-prescription medicines would have a negative impact on public health."

The initiative will "communicate the value of community pharmacy to a wide range of audiences," he adds. Foremost among these will be relieving GPs' burdens and making the

best use of NHS resources.

PR firm Charles Barker has been appointed to handle publicity, with programme details to be announced shortly.

The conglomerate represents the NPA, the Royal Pharmaceutical Society, the Pharmaceutical Services Negotiating Committee, the Company Chemists Association, the Proprietary Articles Trade Association, the British Association of Pharmaceutical Wholesalers and the Proprietary Association of Great Britain.

## Croydon bags £20,000 for mental health pilot

Croydon Health Commission has secured £20,000 to fund a mental health pilot project on medication compliance.

"We felt this would be particularly useful in Croydon because of the closure of Waringham Park [a long-stay mental health facility]," says Local Pharmaceutical Committee chairman Andrew McCoig, who is participating in the scheme.

Although protocols have yet to be drawn up, it is expected that a small number of pharmacists will take part in monitoring the compliance of patients selected by the community mental health team. Patients will have their medication administration supervised by the pharmacist. Supervision frequency will be based upon the patient's ability to control their drug intake.

"We are starting in a small way to see if it works," says Croydon Health Commission's community pharmacy development facilitator, Sheila Chantler, who estimates funding for 20-30 patients.

Pharmacists will be paid an initial participation fee per patient and additional fees for every supervision that takes place.

Funding was obtained from the Department of Health.



# Pharmacy Update: MCQs this week

This week's issue contains a multiple choice question paper for pharmacists who want to test their knowledge and retention of facts carried in **Pharmacy Update** articles published in January.

The **Pharmacy Update** continuing education programme is supported by Johnson & Johnson MSD, the new trading name of Centra Healthcare and Janssen Pharmacy Division.

**Pharmacy Update** is carried in the first and third issues of *Chemist & Druggist* every month. *C&D* is accredited by the College of Pharmacy Practice as a provider of continuing education, and a number of **Update** articles each month will be accredited under the CPP scheme and carry its logo.

In the second week of the following month, a question paper will allow pharmacists to test their learning of these accredited articles. Over the course of 12 months, **Pharmacy Update** will carry at least 30 hours of CPP-accredited learning material.

This is sufficient to allow *C&D*'s pharmacist subscribers to meet the 30 hours a year of continuing education recommended by their professional body, the Royal Pharmaceutical Society.

Pharmacists who wish to have their answers to each **Update** module independently marked and certificated can register to use *C&D*'s interactive telephone marking service. The cost of this service is £12.50 (plus \$2.19 VAT). This will allow access, via a personal identification number (PIN) to all CPP accredited modules published during 1996. Full details on how to register can be found on the question paper inserted in this week's issue.

For subscribers who have mislaid articles and wish to 'catch up', back copies of all accredited articles are available on a faxback service on 0891 444791. Dial this number from your fax machine using the handset or polling mode and listen to the instructions.

Certificates will be issued to pharmacists who have registered to use the telephone marking service twice a year, indicating the number of modules passed by the end of July, 1996, and January, 1997.

If you wish to know more about the **Pharmacy Update** continuing education programme, please contact Marianne Mac Donald on 01732 364422 ext 2688.

## A primary education for Malone



**The health minister, Gerald Malone, is seeking views on the way primary care should be developed. He explains to Patrick Grice why now is the right time for such a consultation exercise**

There will be a cultural change in the way healthcare is provided when the unified health authorities come into being in April. The new authorities will bridge the historic divide between FHAs and DHAs and bind together the primary and community healthcare sectors. Or so health minister Gerald Malone hopes.

He believes the wide range of professionals who work in the NHS could put their talents to more imaginative and beneficial use. The multi-disciplinary team should be less of a think-tank slogan and more of a reality.

But it is for the professions to push forward the agenda, insists Mr Malone, and he is seeking views from everyone, front-line practitioners, as well as their representative bodies.

"The reforms are all in place. There is now a moment to look at a primary care-led NHS and look at what it means."

He wants to ensure the unified authorities continue down the road which started with GP fundholding and has evolved into total purchasing projects. From April, GPs at 70 pilot sites will be purchasing all hospital and community health services for their patients.

"I have to discuss with the new HA chairmen how they are going to address their task and I

want to give a pretty powerful steer that I expect them to convert the words 'a primary care-led NHS' into a reality," says Mr Malone.

Taking decision-making closer to the local population is a policy that has work-ed, he insists, but has, in turn, thrown up a number of questions:

- what is a primary healthcare team?
- who should be added to it?
- is it right to see people

working strictly within their own professional boxes, or should boundaries be broken down to provide more flexible healthcare?

● where does the boundary lie between primary care and secondary care? How much is it appropriate to deliver close to the community? How much of this is the preserve of the acute hospital?

Mr Malone is anxious to hear from everyone. He has not spoken formally to the Royal Pharmaceutical Society or PSNC. "What I do not want to do is get into formal negotiations before we have heard all the voices."

He has made it clear, he says, that he sees the role of the community pharmacist as "being extremely important in all of

ing the professional allowance, I did it in a way which rewarded those who were demonstrating that they were involving their professional skills. I think that is right."

There are no great structural changes in this year's pay offer. The same philosophy still applies. "We are moving slightly towards local purchasing of community pharmacy services. A small percentage of the budget is now delivered locally and I am keen to build on that."

Community pharmacies are the ideal place for health promotional activities, he suggests. "I expect health authorities to discuss with community pharmacies how they can do that."

Mr Malone welcomes the profession's decision to move ahead with medicine sales protocols. "Never mind as minister for health, as a customer it is pretty refreshing to hear everybody now asking what the medicine is for, making basic enquiries, getting advice in a way that did not happen 12 months ago."

Quite how pharmacists see their role in the long-term is a debate Mr Malone is keen to encourage. There are two things he wants to know, he says:

- what do pharmacists think are the appropriate levels of healthcare which can be provided in the context of a community pharmacy?
- how do pharmacists see themselves taking their great experience forward in prescribing practice?

Will there be funding to support services in new areas? "I never decide about funding mechanisms before we have decided about the shape of the service," declares Mr Malone. "If you want to know in which way my mind is directed, look what I did last year, where I made a move slightly towards local purchasing, where I made a move towards professional allowances that supported quality provision. My mind has not changed."

The consultation process is not running to a fixed timetable. "I am now deciding how I consult all the professions throughout England and I am putting into place a programme of sorts. We are beginning to get quite a lot of documentary evidence which officials are looking at. There will come a point where we will sit down and assess what we have got, and then get into more detailed discussion about where we go."

## The role of the community pharmacist is extremely important

this". This means not only in ensuring the quality of dispensing but also in "working out how much straightforward healthcare can be delivered in the context of a community pharmacy."

"Most of the community goes through the pharmacy on a regular basis, whereas they will visit their GP once or twice a year. There are lots of messages as well as basic treatments that can be got across to patients in a professionally-skilled community pharmacy."

The profession has welcomed this approach, which, Mr Malone says, he has backed up with some practical policy decisions. "Last year, when I was reshaping



## Novel Masters course at Derby

Pharmacists will soon be able to join a Masters programme in community pharmacy without attending university.

The University of Derby is launching the modular course which is designed for interactive, computer-based multi-media delivery. To complete the course, pharmacists will be required to complete eight modules and an independent study. They can also register for a Certificate, which requires four modules, or a Diploma (eight modules).

There is a core element, but students may study certain modules which are of particular interest to them, with the rate of progress controlled by the student.

Enrolment can take place at any time in the academic year. For further information contact Dr Ruth Goldstein (programme leader) at the Academic Practice Unit, University of Derby. Tel: 01332 622222 ext 2147.

## DoH pharmacy visit

A Leicestershire pharmacy is gearing itself up for a visit from the secretary of state for health, Stephen Dorrell.

With his constituency in Leicestershire, the Pharmaceutical Services Negotiating Committee believes that the best way for Mr Dorrell to appreciate the profession is to visit a pharmacy on his home turf – Oakwood Pharmacy in the village of Woodhouse Eaves.

Proprietor Martin Turner says he is looking forward to his visit. "It will be good to show him the different facets of pharmacy and what we have to offer," he says.

## Roche to complain over 'Watchdog'

Roche Products is to make a formal complaint to the BBC over its 'Watchdog' programme.

The consumer affairs slot has repeatedly featured the company's anti-malarial drug, mefloquine (Lariam), claiming a high incidence of side-effects. The latest edition revealed that 130 users are now suing the company.

But Roche UK maintains that 'Watchdog's' allegations are "without foundation and grossly misleading to travellers". Managing director Nic Holladay says the programme puts travellers' lives at risk. "Consumers are receiving an entirely distorted version of the truth, which is that Lariam is essential in certain parts of the world to protect travellers."



## Malone acts as broker on rural issues

Health minister Gerald Malone is intent on resolving two rural issues which divide pharmacists and doctors, having met with both sides last week.

The Pharmaceutical Services Negotiating Committee has been pushing for an end to market town doctor dispensing, where surgeries within the town apply to dispense for patients outside the one-mile limit. Such situations exist in towns like Bury St Edmunds and threaten Berkeley, Humberside.

GPs are anxious to close the so-called 'Clothier loophole', which allows existing pharmacy

contractors to open in rural areas, bypassing the test of prejudice to existing medical services.

Mr Malone wants to see the dispute resolved, but has made it clear he will not make a policy change without taking the interests of both parties into account.

It does require a policy change, he says. "The dispensing doctors say it does not, that it requires me simply to interpret properly the regulations. I do not take that view. It requires a policy change on both counts.

"I am happy to try and get an agreement, but on both fronts at the same time. If we can estab-

lish a consensus, even though that might not deliver to either profession everything they wish, then I am prepared to act as a bit more than an honest broker. I want to be a catalyst in this and bring them together to resolve the issues.

"It is my hope that we can get to a position where we can amend the regulations without disturbing the basis of the Clothier agreement."

Mr Malone has asked his officials to meet on a formal basis with PSNC to discuss the details of what might be contained in any regulation change.

## Your views sought for Society's multi-disciplinary audit initiative

Pharmacists with multi-disciplinary clinical audit experience, or who have views on the way forward, are being sought for a Royal Pharmaceutical Society initiative.

The aim is to develop a number of multi-disciplinary clinical audits to help the profession become more involved.

Part-time project manager Sheila Chantler says: "The Soci-

ety feels the multi-disciplinary approach is the way forward, so the profession is not working in isolation and becomes more integrated in the primary healthcare team." She expects the initiative to take up to six months.

Any information pharmacists feel may be useful should be sent to: Sheila Chantler, 3 Westwood Close, Bromley, Kent BR1 2JJ, or telephone/fax on 0181 464 6138.

## Another POM to P

The Medicines Control Agency has proposed a POM to P switch for Perinal Spray.

The topical spray, combining 0.2 per cent hydrocortisone with 1 per cent lignocaine in a metered dose pump action spray presentation, is used POM for anal and perianal pain and pruritis.

The addendum follows last month's proposal that the antihistamine azelastine and the H2 antagonist nizatidine also move to P status.

According to the Proprietary Association of Great Britain, the manufacturers of both products, Rhinolast and Axid, respectively, have applied for pharmacy sales status.

Comments on any of these proposals should be sent to Dugan Cummings, Room 1105 MT, The Medicines Control Agency, Market Towers, 1 Nine Elms Lane, London SW8 5NQ by February 28. The MCA says it is anxious to take into account the impact of any changes on business costs.

## C&D Counterpart accreditation shortly

Chemist & Druggist's Cambridge Counterpart course has been submitted to the College of Pharmacy Practice to gain accreditation.

The CPP is not now expected to announce decisions on the

accreditation of courses until the end of February.

Counterpart has been designed to enable medicine counter assistants to fulfil the Royal Pharmaceutical Society's July 1 knowledge requirements.



## PHARMACIST PEN PORTRAIT

## Karl Legg



● **Qualified** in 1987 after graduating from Leicester and completing his pre-reg at Boots in Sudbury, Suffolk.

● **Career** Started off as a relief pharmacist for Boots in Suffolk and Essex, followed by a year managing a branch of Graham Stafford, a small independent chain in Essex.

Karl then spent six months working at Chemimed (the National Pharmaceutical Association chairman Wally Dove's Isle of Wight business), followed by a year managing a Colchester and East Essex Co-operative pharmacy. Five years ago, he set up Trinley Pharmacy in St Mary, near Felixstowe.

● **Projects** Mr Legg is in the process of developing several new projects as a part of his role with the Suffolk Local Pharmaceutical Committee.

In January this year, he won a customer service award in *The Evening Star*, his local newspaper, after having been nominated for the accolade by one of his customers.

● **Committees** He has been a member of Suffolk LPC since 1992; and is the newly-appointed part-time secretary to the LPC.

● **Interests** Classic cars of the Sixties – he currently drives 1968 Lotus – and the triathlon. Mr Legg is joint organiser of an annual series of races on Felixstowe seafront.

● **Outlook on life** "Never underestimate opportunities or potential, never be afraid of getting your hands dirty (at least metaphorically), but don't try to re-invent the wheel."

● **Pharmacy philosophy** Karl believes the profession needs to embrace the whole concept of pharmaceutical services and in particular rural dispensing.

"The battle in rural areas needs to be fought as strongly as possible to the benefit of the profession and the community. The future can be bright, as long as we unite and seize the opportunities that arise," he says.

## The dawn of a New Age ...

In the next few weeks, community pharmacists should be considering their response to the 'Pharmacy in a New Age' debate initiated by the Royal Pharmaceutical Society. I firmly believe that they should not only be looking to a changing NHS to fulfil their professional ambitions, but must also understand the consequences in a service where the prioritisation of resources can only increase.

One of the effects of this change is that we are already moving from a culture dependent on the free supply of medicines on prescription to one charged with taking responsibility for its own health by the purchasing of an increasing range of more effective OTC medicines.

When H2 inhibitors were first launched, I was disappointed with their sales, but, with time, uptake has steadily grown until they are now a significant part of my antacid sales. The initial consumer resistance to relatively high prices and 'dangerous' warnings has been overcome and they have now been accepted as effective products in a growing self-medication culture.

In varying degrees most of the POM to P changes have evolved along similar lines to the H2 antagonists, with success being a combination of persistent advertising, consistent support and a steady growth in consumer confidence.

Powerful but safe OTC medicines supported by consistent industry advertising should provide a stable foundation for growth in our private professional practice and we should not apologise for either promoting their sales or charging a reasonable price.

However, as the Consumers' Association has many times maintained, we must also be seen to demonstrate professional responsibility in the application of that monopoly. In my new age, I am looking forward to discarding the more traditional sales of community pharmacy to concentrate on that for which I have been professionally trained.

## Topical Reflections

OTC medicines are a vital part of that transition, so instead of competing head on with a superstore, in a battle I know I cannot win, I now intend concentrating on my strengths and professionally promoting the sale of medicines from where they should rightfully be obtained ... the community pharmacy.



within the limits of the present regulations, I have already experienced the type of benefits outlined in theory by Gerald Malone. The original intention was to stabilise compliance for a few difficult patients, but this limited goal was quickly superseded by a transfer of patient confidence from surgery staff to pharmacist.

Compliance has improved to the point where these patients have achieved a long-term social stability that they had previously been unable to achieve from frequent visits and consultations at the surgery.

I have found that this experience has provided me with a high degree of professional satisfaction and dramatically improved inter-professional relations, but if Mr Malone's other objectives are also realised, and wasted resources are released, then pharmacists must be party to a share of those savings.

I know these pilot schemes will be highly successful, and, if properly extended throughout the country, could achieve all that the health minister envisages. Above all, they could also provide the basis for better remunerated and professionally-utilised community pharmacists.

## The first in the queue

When the Department of Health calls for volunteers for the pilot schemes for repeat and instalment dispensing, I would like to be first in the queue. Care in the community is the latest political catchword and devolving responsibility for these services to community pharmacists must make an avalanche of common sense.

In fact, I already co-operate with my local surgery to provide this facility and,

## No heads in the sand

My thanks to all those who have written in about 'Emu Oil'. Now my only problem is determining who is telling the truth ... those who maintain that Emu Oil is merely a contraction and misinterpretation of Voltarol Emulgel, or that it really exists and can be posted to anywhere in the world from that free range emu farm at Toodyay, Western Australia!



## 3M nose the way to better breathing



Sported by the likes of England rugby captain Will Carling and other team members at last week's international with Wales, 3M's nasal breathing strips have received so much media coverage that the company has decided to bring forward the launch of its product, Breathe Right.

The nasal strips work by gently dilating the nasal passages to

increase airflow and were invented to relieve breathing difficulties caused by snoring and congestion. Sports people soon recognised their potential, too.

Last year, Americans bought almost 150 million of them and the company is hoping for a similar success here.

The strips are available in two sizes – small and medium to large – with an rrp of \$5.99 for ten. A special trial display tray is also available containing five packs of ten strips and three free trial packs of four strips (rrp \$1.49).

**3M Health Care Ltd. Tel: 01509 611611.**



## Sorbothane finds its feet

Solemates is a new range of insoles and footbeds from Sorbothane developed to counter the problems of friction and moisture in shoes.

The products feature Du Pont's patented Comformaxsport technology: a three-layer fabric which controls levels of movement and friction inside the shoe, gives optimum moisture control and kills bacteria associated with odour.

There are two styles – flat and shaped – which retail at \$7.99 and \$9.99 respectively. Sizes available range from 3-4 to 11-12.

**Sorbothane. Tel: 01772 421434.**

## Graphics are about to grow up

Baby-type graphics are to be removed from Vantage's Sterilising Tablets and Double-Strength Sterilising Fluid in order to comply with new regulations which ban packaging on certain products that is likely to attract the attention of children.

Sterilising Tablets (formerly available in packs of 56 x two a day) are now to be sold in highly-concentrated packs of 30 x one a day (\$1.35), and the fluid (formerly a 600ml size bottle) will be available in a full litre-size bottle (\$1.19).

**AAH Pharmaceuticals Ltd. Tel: 01928 717070.**

## Whitehall invests in the women's press

Whitehall Laboratories is boosting its presence in several of the major women's magazine titles with an investment of a further \$350,000.

The advertorial-style ads feature Preparation H, Unguentum Merck, Medinex, Relaxyl, Anadin and Robitussin, and will be targeting the 16 million women who read magazines such as *Woman*, *Woman's Realm* and *Woman's Own*.

● The company is also currently sponsoring a three-day media tour to remind the British public about the continuing risk of flu. Dr Sandy McNair will be the spokesman for the campaign.

**Whitehall Laboratories Ltd. Tel: 01628 669011.**

## Easier to swallow supplements

Larkhall Green Farm has developed a range of micro vitamins and minerals.

Developed for consumers who have difficulty in taking large tablets, the new range has concentrated, saccharin-sized micro-tablets. It is presented in pocket-sized click packs and includes folic acid, garlic and multi-vitamins.

The range's introduction coincides with two new initiatives for the company's Cantassium brand.

Firstly, for every Micro Folic Acid sold, Larkhall

plans to donate \$0.10 to the Association for Spina Bifida and Hydrocephalus.

Secondly, the brand is to be backed by a \$500,000 retail support campaign with a \$300,000 investment in consumer advertising, new leaflets, posters and showcards.

Part of the retail support includes a new telesales and direct mail operation. Retailers will be informed of special promotional incentives, POS material and free bonus product deals.

**Larkhall Green Farm. Tel: 0181 874 1130.**

## Independent two in one exclusive

Sebamed is offering a two in one promotional pack exclusively to independents, consisting of a 100ml cleansing bar plus free 15ml bottle of

moisturising lotion. It will retail at £2.09.

Trays of 12 two in one packs are now available. **LRC Products Ltd. Tel: 01992 451111.**

## New algae supplement orbits around the Blue Green Planet

Blue Green Planet is a new company set up to market an algae supplement, Klamath Lake Algae, which is making its UK debut.

The blue green algae contains eight essential amino acids, both semi-essential amino acids and is a concentrated source of arginine, known to build and tone muscles, says the company. It also contains the highest chlorophyll content of any green food, is rich in vitamins, minerals and fatty acids, and, the company claims, is the richest known source of natural vegetable protein in the world.

The algae is found only on Klamath Lake, Oregon, in the US.

The supplement is available in tablets and capsules and retails at \$12.95 for 100 in either form. Point of sale and promotional literature is available.

The launch is to be supported by a \$100,000



advertising and promotional campaign in the consumer press.

**Blue Green Planet Ltd. Tel: 01624 662323.**

## Electrolade's display solution

A new range of POS material is now available to support Electrolade, the oral rehydration solution.

The posters, leaflets and showcards reflect the 'Clearly Fruity Friendly' tagline, illustrated with a mother and child image. The leaflet is entitled 'How to help recovery when diarrhoea strikes' and explains why it is important to use an oral rehydration solution when diarrhoea occurs.

**Eastern Pharmaceuticals Ltd. Freefone: 0800 371793.**





## PHOTOGRAPHY UPDATE

# Advanced Photo System launched

The Advanced Photo System has been launched worldwide.

Kodak, Fuji, Minolta, Nikon and Canon have worked together for over five years to develop APS, a system combining digital technology with a newly-formulated silver halide film.

APS incorporates a digital memory layer on a 24mm film which is able to record data, such as lighting conditions, number of prints to be made, and the time and place the photo was taken. This information is then used by the D&P machines and remains on the negative for reprints. Negatives are returned in the film canister as an index print, showing all the prints supplied on one sheet. Cameras are able to take prints in three formats, including panoramic, on the same film.

APS is also seen as the stepping stone to digital imaging, which will allow photographs to be displayed on home computer screens.

The specialist press has welcomed the launch, but is waiting to see the results of pictures before fully endorsing the system. However, initial impressions are favourable and the general opinion is that APS is here to stay.

The launch of APS is expected to add over £100 million to the £1 billion photo market in the first year, with between 500,000 and 1 million consumers buying into the system.

Prices have not been revealed by all manufacturers, but Kodak says its Advantix camera prices will range between \$59.99 and \$169.99 and film between \$3.79 and \$5.79.

Kodak says it is

spending over £10m this year in its publicity campaign.

There has been some dissent, however. Amateur photographers have been aware of the system for over four years, but the news embargo has not allowed informed opinion. Others cannot understand why the industry is spending so much money promoting APS when affordable, high-quality digital imaging is not far off.

Kodak counters this, saying APS is the stepping stone between photography as it is now and digital imaging. Fuji has introduced a digital imaging workstation as part of its APS range.

Film is being launched in 100, 200 and 400 ASA speeds, with 15, 25 and 40 exposures. Professional quality prints and transparencies may be launched towards the end of the year.

The eight selling features of APS that Kodak's Henri Petit, vice president and general manager, listed are:

- picture quality
- portability
- reduced loading problems
- a choice of three picture formats, classic (C), panorama (P) and the new H format, between the two
- the ability to change film cartridges mid-way through shooting and reload them without losing any exposures
- no need to handle or see the negatives as they are returned in the film cartridge
- an index print of the film is provided with each set of prints allowing easier re-ordering
- data can be recorded on the film and the back of prints, such as lighting conditions, number of copies to be printed, etc.

## Spring into bathtime action with Armani's Acqua di Gio fragrance

Parfums Giorgio Armani is extending its Acqua di Gio fragrance with a bath and body collection.

The new line comes in two bursts: in April four skus will be launched, followed by two more in July.

From April 15, there will be a perfumed body lotion (150ml, \$15), perfumed hair and body

shampoo (150ml, \$12.50), perfumed soap (100g, \$15) and perfumed deodorant (150ml, \$12.50).

These will be joined from July 8 by Mediterranean mineral bath salts (\$32.50) and an alcohol-free spray (100ml, \$27.50).

**Prestige & Collections Ltd. Tel: 0181 979 6699.**

## Robinson's Teddy, willing and able

A free teddy bear is on offer from Robinson Healthcare for its new cotton wool promotion.

The teddy is a giveaway with two purchases from the range, which includes Giant Nursery pads and rolls.

Point of sale support is available for the promotion, and includes posters and leaflets.

Pharmacists will also receive a free teddy by placing an order! **Robinson Healthcare. Tel: 01246 208164.**



## Sailing off into the sunset

Banana Boat is introducing an Aloe After Sun spray.

The spray comes in an 8oz bottle which atomises a fine, cooling mist. It retails at \$3.99.

Other new products for 1996 comprise: sunscreen lotion SPF8 (180ml, \$6.49); sunblock SPF15 (180ml, \$7.49); ultra sunblock SPF30 (180ml, \$7.99); sport lotion SPF15 (180ml, \$7.49); sport lotion SPF30 (180ml, \$7.99) and Active Kids SPF30+ (180ml, \$7.99).

**Clarrell International Ltd. Tel: 01732 740242.**

## Striped for action on TV

A new \$1 million TV advertising campaign for Aquafresh breaks soon.

The ad highlights the multi-benefits of its three-stripe formula: cleaning, plaque fighting and breath-freshening.

The 'Fresh Direction' advertising breaks in March.

● The brand currently holds 10.8 per cent of the toothpaste market, according to Nielsen Grocers, Mat, December 1995.

**Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.**

## Dixcel goes full steam ahead

Thomas the Tank Engine is the latest addition to the Dixcel range of facial tissues.

The white tissues are decorated with colour images of Thomas the Tank Engine, The Fat Controller and railway signals presented in an engine-shaped package.

Packs of 70 sheets retail at \$1.15 and come in an 18-pack case. **Jamont UK Ltd. Tel: 01656 684500.**

## Getting down to the basics

Basic Teint is a new range of protective colour bases from Christian Dior.

There are four shades for four effects: pure white (to give luminosity); soft blue (to cover redness and dark spots); radiant peach (to even out sallow skin) and sun bronze.

Retailing at \$19 for 20ml, the range replaces Juste Couleur.

**Parfums Christian Dior (UK) Ltd. Tel: 0171 235 9411.**

## Stay safe with Superted

Cartoon character Superted has been licensed to Riemann for a children's sun care range.

Superted Sunfilter (SPF30+) is a non-greasy, non-sticky formula which is invisible when applied. It retails at \$8.95 for 100ml bottle. There is also an Aftersun which retails at \$5.95 for 100ml.

**Riemann UK plc. Tel: 01737 242470.**

## Bags of style from Cacharel

In April, Parfums Cacharel is running a special gift with purchase on Loulou Blue.

A Loulou Blue bag – made of light blue PVC – will be offered free from April 15 with every 50ml eau de toilette spray of the fragrance.

**Prestige & Collections Ltd. Tel: 0181 979 6699.**



## Bourjois move

Colour cosmetics house Bourjois is on the move. The company's new offices are at: **15-19 Cavendish Place, 4th Floor, London W1M 0DD. Tel: 0171 436 6150.**

## Catch Ketsugo

Ketsugo, the isotretinoin range for spot-prone skin, has received a lot of media attention lately, following the furore surrounding minocycline. It is available from: **Australian Bodycare. Tel: 01892 525599.**

## Unichem offers

From February 8-23, Unichem is offering discounts on branded (up to 48 per cent POR) and own-brand (up to 56 per cent POR) sun care products. **Unichem plc. Tel: 0181 391 2323.**

## Friendlier fishermen

Fisherman's Friend lozenges are being relaunched with a distinct new image which Impex Management hopes will attract new and younger consumers. The latest slogan is 'It's a bit strong' and visuals include body piercing and a peepshow. **Nedan Confectionery Ltd. Tel: 01279 653465.**

## Spectacular sun

Spectacular Cosmetics is introducing a bronzing powder for that "all round golden glow". It retails at £3.50 (blusher brush, £2.95). New, too, is a Vitamin E Stick (£1.30) to protect and moisturise lips in the sun. **Spectacular Cosmetics Ltd. Tel: 0181 903 2030.**

## Max natural

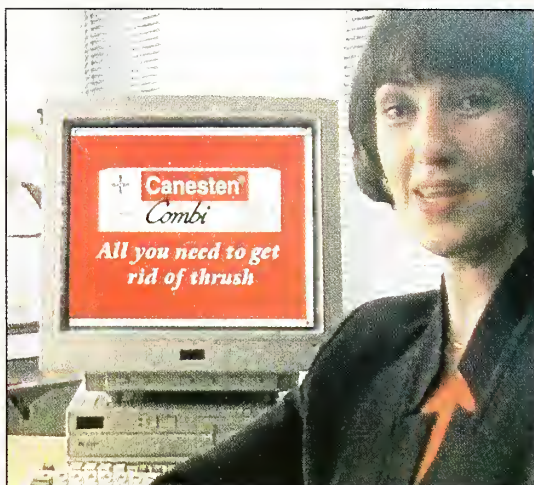
Max Factor Naturals is a new colour cosmetics range from Procter & Gamble "inspired by the rich and muted colours of nature". Products include Natural Balance Blusher Pearls (£7.99) in two shades as well as eyeshadow (£5.39), mascara (£5.49), eyeliner (£3.99), lipliner (£3.99) and lipstick (£4.99). **Procter & Gamble Cosmetics & Fragrances Ltd. Tel: 01932 896000.**

# Campaigning Canesten Combi

Bayer is backing Canesten Combi with a \$2 million advertising campaign – the brand's biggest yet.

The television ad focuses on the efficacy and convenience of the combi pack and features an actress as a women's press editor advising on thrush treatment. It will run throughout February.

The campaign also includes consumer press advertising. **Bayer plc. Tel: 01635 563000.**



## Notes on constipation from Nylax

Nylax has produced a new leaflet, entitled 'It's not just you – a simple guide to a common problem – constipation'.

The leaflet lists the causes and treatment of the condition and gives tips on how to avoid it, focusing on a healthy diet and increasing levels of exercise. They are being offered free

through the press, with reader offers and through mini-advertorials. Reader offers also include a free 'Winter Fare Basket', comprising fresh and dried fruit, and nuts.

Pharmacists can receive free copies by sending an SAE to: **Meads/Nylax, PO Box 12, Leengate, Lenton, Nottinghamshire N97 29B.**

## Geoffrey Beene's back in Britain!

This March sees the return of the Geoffrey Beene fragrance Grey Flannel to UK shores.

And the American designer scent is to be joined by Bowling Green and a new, lighter version of Grey Flannel later in the year.

Grey Flannel is a green chypre with top notes of galbanum, lemon, sage and violet.

There are 11 skus in the fragrance (ranging in price from \$12 for a shave cream to \$195 for a

1,000ml eau de toilette!) and four skus in the body line including a shower gel (priced \$11-\$14).

Bowling Green is an aromatic woody scent with lavender and orange top notes.

There are seven skus in the fragrance line (with a 240ml eau de toilette at \$42 being top of the range) and two body products (a bath soap, \$11 and a deodorant stick, \$11). **The PR Workshop. Tel: 01444 415439.**

## It's bathtime Baywatch-style

Luna Cosmetics is extending its 'Baywatch' franchise to a bath and body line.

There are five colour-coded products: Sunshine Shower Gel (orange, 300ml), Baywatch Shampoo (blue green, 400ml), Baywatch Tropical Conditioner (pink, 400ml), Luxury

Baywatch Foam Bath (purple, 400ml) and Body Lotion (green, 400ml). All products retail at \$1.49.

The sun care range (launched successfully last year) has also been extended to two self-tanning creams. Available in medium and dark, they retail at \$3.99. **Luna Cosmetics Ltd. Tel: 0181 523 1391.**

## Colourcare launches faster print film

Colourcare has introduced a 200 ISO colour print film.

In 35mm and 110mm formats, the film will be available to all Colourcare dealers.

The recommended retail prices are £2.69 and £3.29 for 35mm x 24 and 36 exposures respectively, and £2.69 for the 24-exposure 110 film.

Over 50 per cent of the market is taken by 200 ISO film.

**Colourcare International Ltd. Tel: 01722 412202.**

## Watch out for Le Clic's promotion

Concord Camera is running a special free watch promotion which will apply to its range of single-use Le Clic cameras.

A watch will be given away with every Le Mini, Le Mini Flash and Le Tuff single-use camera.

A counter unit package deal, holding 22 cameras (comprising of ten flash, six daylight and six underwater) and 22 watches, is available and has a trade price of \$99.99.

**Concord Camera (UK) Ltd. Tel: 0181 744 9444.**

## ON TV NEXT WEEK

**Buttercup:** GMTV

**Colgate Total Toothpaste:** All areas

**Halls Mentholyptus:** All areas

**Ibuleve:** G, B, Y, TT

**Just for Men:** All areas except GTV, STV, GMTV

**Karvol:** All areas except TSW

**Lemsip Power Plus:** All areas except U, CTV

**Lilets Applicator/Non-Applicator:** All areas

**Migrave:** All areas except U, CTV & GMTV

**Mucron:** C

**Neutrogena Norwegian Formula:** All areas

**Neutrogena T-Gel Shampoo:** All areas

**Otrivine:** T, TT, G, B

**Sanex bath & shower:** All areas

**Sanex deodorants:** C

**Seven Seas Cod Liver Oil:** C4, WCT, NNW

**Strepsils:** All areas except GMTV, TSW

**TCP:** All areas except U, CTV & GMTV

**Tixilyx:** All areas except CTV, TSW

**Tyrozets:** STV, B, G, Y, HTV, TT, C4, GMTV

**GTV** Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry



# Kalms Keeps the Sales Pressure On and On and On...

Keep calm. Keep Kalms.



Research has shown that the market for the brand leading KALMS herbal sedative will continue to grow.

This growth will be fuelled by a major multi-media campaign for Kalms. Using colour page advertising in Women's magazines, inserts offering free Stress Booklets and mailings to consumers. As Britain's best selling, best regarded herbal sedative, KALMS will bring significant rewards to retailers, too. Take the pressure off, recommend Kalms. The natural choice.

Get stocked up through Dendron (Tel: 01923 229251) or your local Wholesaler.



KALMS Registered Trademark and Product Licence held by G.R. Lane Health Products Ltd., Sisson Road, Gloucester GL1 3QB. **Active Ingredients:** Humulus lupulus powder 45.00 mg, Gentiana Lutea powdered Ext 4:1 22.50 mg Valeriana officinalis pdr Ext 4:1 33.75 mg. **Directions:** Two tablets to be taken three times a day after meals. Not suitable for children. **Indications:** A traditional herbal remedy - 1. To relieve periods of worry, irritability, and exogenous stresses and strains. 2. For the relief of worry, wakefulness, and other symptoms associated with the menopause including flushings and cold sweats. 3. Promotes natural sleep. **Precautions:** Seek medical advice if you are on other medication, or if condition worsens. Keep all medicines out of the reach of children. Not to be used during pregnancy or lactation. Do not use if sensitive to any of the ingredients. **Legal Category:** General Sale List. **Packs:** 100 and 200 tablets. (PL 1074/5045R). **Price:** RSP £3.25 £5.70

Please always ask your customers to read the label.



LEADERS IN NATURAL HEALTHCARE



# SCRIPTspecials

## New treatment for psoriasis

Curatoderm, from Merck Dermatology, is a new topical vitamin D3 analogue indicated for the treatment of psoriasis, even on the face. The ointment contains tacalcitol (equivalent of 4mcg/g), a vitamin D3 derivative that has been found to normalise key factors associated with psoriasis, such as epidermal proliferation, abnormal keratinisation and T-lymphocytic immune response.

In adults and elderly patients the ointment should be applied sparingly to the affected areas once daily, preferably at bedtime. The amount applied should not exceed 5g of ointment daily. Duration of treatment usually depends on the severity of the condition and should be determined by the doctor. However, as

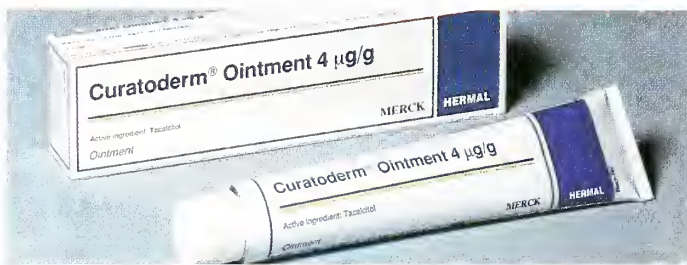
a general rule, there should be no more than two courses of eight weeks' duration annually. Curatoderm is not recommended for use on the scalp.

Ultra violet light, including sunlight, can degrade tacalcitol, so if treatment is being combined, the UV light should be given in the morning and tacalcitol at night. Serum calcium levels

should be monitored in patients at risk of hypercalcaemia or with renal impairment. Local skin reactions, when they do appear, tend to be mild and transient.

Curatoderm is available in a 30g (\$15.09) or 60g tube (\$26.06) and after first opening has a shelf life of six months.

**E Merck Pharmaceuticals. Tel: 01895 452200.**



## Higher-dose Lescol for CHD

It has now been accepted that some patients with coronary heart disease (CHD) would benefit from higher doses of fluvastatin. At a dose of 80mg daily, fluvastatin has been shown to reduce low-density lipoprotein cholesterol (LDL-C) levels by up to 37 per cent.

Elevated cholesterol is one of the major risk factors for CHD as it accelerates the development of atherosclerosis and enhances the effect of other risk factors, such as smoking, diabetes and hypertension. LDL-cholesterol appears to be responsible for most of the atherogenic potential of the total cholesterol.

The recently published West of Scotland coronary prevention study and Scandinavian sinvastatin survival study found that reducing LDL-cholesterol levels by 26 per cent and 35 per cent, respectively, reduced a patient's risk of coronary events.

Clinical studies have shown a low risk of serious side-effects across the dosage range of 20/40/80mg. Sandoz recommends that the new regimen be given as two 40mg capsules daily and has produced a new pack containing 56 x 40mg capsules for this purpose (\$29.80).

**Sandoz Pharmaceuticals UK Ltd. Tel: 01132 593400.**

## HRT combination from Upjohn

Improvera is a new hormone replacement therapy combination pack from Upjohn. Each pack contains 28 Harmogen (estropipate/piperazine oestrone sulphate 1.5mg) tablets and 12 Provera (medroxyprogesterone acetate 10mg) tablets. The basic NHS price for a three-month pack (120 tablets) is \$11.85.

Improvera is indicated for use in non-hysterectomised women for the relief of menopausal

symptoms, and the prevention of postmenopausal osteoporosis in women at risk.

The continuous dosage regimen is one estropipate tablet daily, adding one MPA tablet from days 16 through to 28. Contra-indications, precautions, interactions and side-effects are as for other oestrogen/progestogen HRT preparations. For further information refer to data sheet.

**Upjohn Ltd. Tel: 01293 531133.**

## Locoid Crelo

Locoid Crelo is a topical emulsion containing hydrocortisone 17-butyrate 0.1 per cent in an aqueous base. It is intended for topical application, especially to the scalp, hairy or facial skin. It is recommended for clinical use in the treatment of eczema, dermatitis, psoriasis and other conditions responsive to topical corticosteroids. The basic NHS price for a 100g plastic bottle with applicator is £8.33. **Yamanouchi Pharma Ltd. Tel: 01932 345535.**

## Ventolin Accuhaler

Ventolin is now available in the Accuhaler multi-dose, breath-operated dry powder inhaler. Each activation delivers 200mcg of salbutamol. The device also features an integral dose counter which displays the exact number of doses remaining in the device. The basic NHS price for the device is £5.00.

**Allen & Hanburys Ltd. Tel: 0181 990 9888.**

## Declinax price triples

Declinax tablets, now to be known as Debrisoquine 10mg tablets, are no longer available from Roche. Lifehealth is the new marketing authorisation holder for this product, which will be distributed by Cambridge Laboratories. The price for 100 tablets has been increased from £4.26 to £12.91. Orders to: **Cambridge Laboratories. Tel: 0191 261 5950.**

### MEDICAL MATTERS

## Tackling asthma mortality on a global level

The Global Initiative for Asthma (GINA), a joint collaboration between the World Health Organisation and the US National Heart Lung and Blood Institute, aims to reduce the mortality and morbidity associated with asthma across the globe.

Around 150 million of the world's population suffer from asthma and many die needlessly because of poor management. GINA aims to provide a global strategy for the management of asthma by passing on new information to health professionals and making the most effective treatment available in as many countries as possible.

It has devised a stepwise

approach to the control of asthma by reducing the basic inflammation which causes attacks rather than treating them when they happen. To achieve this, the patient and doctor choose the dose of drug that is necessary to control the inflammation in the bronchi and increase it when symptoms and measurements of lung function suggest a deterioration.

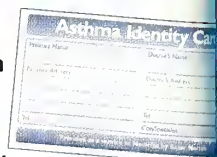
GINA has also developed a series of practical guides for use in primary care of asthma patients and by patients themselves. These guides will be adapted locally for use in different countries.

GINA will also be sponsoring

research and exchanging clinical expertise, with the aim of discovering why asthma prevalence is increasing and why it varies so much from country to country.

● **Baker Norton has produced an identity card which will be included in all packs of the Easi-Breathe breath-operated inhaler. The card can be filled in with details of the asthma sufferer's name, doctor, treatment and peak flow rate. The company estimates that there will be over one million in use by the end of the year.**

**Baker Norton. Tel: 01279 426666.**







# ATLANTIS, ANOTHER HIGH ENERGY LAUNCH.

Vibrant and revitalising, the new Lynx Atlantis is inspired by life power and the mystery of the mythical undersea world.

All the signs say it will outperform even Lynx Aftershave which is the best selling Lynx of all time.

£9 million on advertising.

The total Lynx range is backed by a gigantic £9 million spend this year with £7.1 million sunk into Atlantis alone!

So make a dive for a new Atlantis is about to surface.

EF  
ELIDA FABERGÉ  
LONDON

LYNX

BUSINESS IS LOOKING GOOD



# Mail order threatens pharmacy

Just when German pharmacists were feeling reassured that pharmacy would not be at the centre of the next round of health reforms and that traditional drug distribution was not threatened came news of two developments on the European mail order front.

The first was that one of the country's largest health insurers had arranged with the German subsidiary of a Dutch company to supply cut-price GSL goods to diabetic members of its insurance schemes by post.

This would enable patients to order goods by telephone, which would be delivered the same day. It was freely admitted that apart from saving money, another aim of the project was to gain experience in mail order, which might then be applied to drugs.

In addition, one of Germany's news magazines has revealed that a Hamburg office services bureau is organising the first sale of drugs by mail order in Germany on behalf of Express Medical Services (EMS), reportedly founded by a London pharmacist, Ray Patel, and a Hamburg drug importer, Werner Glasa.

EMS intends to sell nine of the most popular brands of contraceptive pill at well below German pharmacy prices. The Hamburg office is said to be acting as a distributor and collector of the order forms, upon which women put a cross against the type they require, the method of payment and the address for delivery.

The orders will be forwarded daily by express to a London doctor who will 'check' them and write out the appropriate prescription. Twenty-four English pharmacies have apparently been recruited to dispense the prescriptions and send them



direct to the customers in Germany. The entire process is supposed to take no more than five days.

The prices to be charged, which include post and packing, are said to be up to 57 per cent cheaper than the German preparations and also cheaper than re-imports and parallel imports. The EMS scheme is reportedly inspired by European court rulings that allow a patient to decide in which pharmacy in which member state of the EU a prescription for a licensed drug is dispensed.

The scheme has caused uproar in German pharmaceutical circles and seems unlikely to succeed at the moment following the upholding, in a temporary injunction by a court in Hamburg, of a complaint from two pharmaceutical companies that the scheme infringes German law on the importation of drugs from other EU member states.

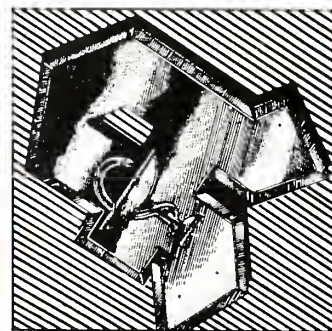
Doubts have been raised as to whether an organised mail order scheme remains within the permitted importation for personal use and whether it has fallen foul

of the general restrictions on the advertising of drugs to the public and on the specific advertising of the supply of drugs by mail order.

ABDA, the umbrella organisation of German pharmacists, wants a ban on the supply of drugs by mail order to be incorporated in the forthcoming revision of the German Medicines Act. The German wholesalers' association is also against it.

One commentator has suggested that EMS chose an unfortunate class of product with which to try and introduce mail order to Germany, in view of the recent scares about oral contraceptives. Much to the irritation of the manufacturers, the German drug safety authorities took a similar line to their cautious British colleagues and were blamed for causing anxiety among women and mayhem in the supply situation.

The problem of providing up to date patient information leaflets in German and in the particular style used in Germany may also need to be tackled and lawyers could have a field day in the event of any claim for damages.



## Coupons banned

A temporary injunction has halted a scheme to replace free drug samples for doctors with money-off coupons for patients.

Drug company BASF Generics planned to offer doctors coupons which could be handed to patients with a prescription for the smallest pack of one of the company's products.

When the patient hands the coupon and prescription to the pharmacist, they deduct the prescription charge, return the coupon to BASF and receive a fee of about \$1.50 for every six coupons returned. Prescriptions are passed to the pricing bureaux in the normal way.

Many pharmacists feared being inundated with coupons from more than 300 manufacturers if the scheme became an established marketing ploy. However, another German generics company has obtained a temporary injunction, stopping BASF distributing further coupons.

BASF has defended its scheme, saying it wants to see a thorough revision of the current rules on free samples, which are confused and often flouted. In the company's view, free samples are frequently stored unsuitably, for longer than advised and are then thrown away. The company hopes to rectify this by directing the distribution of free samples through pharmacies.

## Bayer on green bandwagon

Bayer, the chemicals giant, is jumping on the herbal products bandwagon with its introduction of Remotiv tablets, yet another hypericum (St John's Wort) preparation to join the already crowded German market for this type of over the counter treatment for mild depression.

At the company's press conference launching the product, Bayer described the development and clinical testing of Remotiv in some detail, but also then admitted that the actual active principal(s) still remain unknown.

The German drug licensing

authority may have put a brake on the flood of hypericum preparations with its latest statement, saying that there is no reliable dose-effect relationship between the hypericin content (the substance chosen by Bayer and other companies for standardisation purposes) and the action of St John's Wort extract. Thus even hypericin-free extracts can be active.

The authority will, therefore, no longer accept licensing applications which are based on this standard – a decision which could cause headaches for the manufacturers.

## Coding system in trouble

From the beginning of this year, German doctors are supposed to use the International Classification of Diseases (ICD 10), which uses a four-digit code to describe illnesses instead of, or in addition to, writing out symptoms in full.

This is to provide computer-readable patient data for the health insurance schemes. Apparently, England is the only country to have so far applied the ICD in this way.

The German system contains 14,000 codes and it has been calculated that for a patient involved in a motorbike accident, no less than 72 codes are possible!

Not only do the doctors consider that the coding system is impractical for everyday use, but they have expressed concern that simple errors in transferring numbers could be dangerous.

There are also worries about data protection, a '1984' Orwellian approach to sick people and different interpretations of the coding system by GPs and hospital doctors. Three thousand doctors have already signed a petition against the code and opposition to the scheme has already shifted the starting date for penalties for non-use to mid-1996.



# EUROPHARM EUROCHEM CAVENDISH

Present the next in a series of Great Give Aways



## Be our Valentine



FALL IN LOVE WITH THESE GREAT DEALS...

CAVENDISH ARE GREAT, EUROCHEM TOO,  
EUROPHARM AND GREENFIELD  
BRING THESE DEALS TO YOU

FEATURING THE ENTIRE GREENFIELD CEFACLOR/CEPHALEXIN  
RANGE SUPPORTED BY ASPIRIN 300MG EC & DISTALGESIC.

CEFACLOR CAPS 250MG X 100 OR 21    CEPHALEXIN CAPS/TABS 250MG X 100  
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CEFACLOR SYRUP 125/250MG    CEPHALEXIN SYRUP 125/250MG  
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**M**axine Whitton says she suffers from a "touch of the Michael Jacksons". She suffers from vitiligo, and has done since she was a child, but it was only when she was around 17 that it spread to her face. "I remember feeling very unattractive," she says. "I thought to myself, well I'll never get married so I'll have to focus on my career as a teacher."

Vitiligo is a form of leukoderma, a general term meaning 'white skin'. It destroys the pigment cells which create melanin, the substance that gives the skin its colour and protects it against sunburn. The loss of melanin produces white patches on the skin, and also sometimes in the hair. These patches are more noticeable in people with dark skins, but any race can be affected. There are believed to be half a million vitiligo sufferers in the UK, many of whom are of Asian origin.

There is no known cause for vitiligo. It can be triggered by a wide range of physical and psychological events, including surgery, skin damage, accidents, hormonal changes, bereavement and stress. It is thought that, in some cases, the body's own immune system destroys the pigment cells.

One of the crueler aspects of vitiligo is that it is a changing condition. "A birthmark is static," explains Maxine. "With vitiligo, you can come to terms with one look and then two weeks later it will have changed." Maxine, now 55, chairs the Vitiligo Society and describes her condition today as "galloping".

# Mark of sorrow?

**Birthmarks and facial scarring are a hard burden to bear for most people. Liz Jones looks at the best cover-up advice that you can give**

Maxine uses cover-up make-up daily, but says she doesn't hide behind it. "When it first began to take over my body, I got very depressed," she says. "Make-up

wasn't enough and I was lucky and found a good counsellor." Now she's relatively happy to be seen without her make-up – at home or by friends – and has even been on TV without it.

"Make-up is important for self-image and self-esteem as an aid to social integration," Maxine says, "but it should not be used as a prop. Many people use it as a way of not facing their problem."

There are at least 250,000 adults and children in Britain who have a facial scar, blenish or deformity. One in three people will have birth marks, vascular lesions, such as port wine stains and haemangiomas. But it should be noted that also:

- 7,000 children will be scarred by burns every year
- 26,000 people will have disfiguring/disabling injuries as a result of road traffic accidents
- one in ten people have tattoos, with one in five feeling disadvantaged and seeking removal
- one in ten suffer from vitiligo
- one in eight/nine will have physiological acne (one in every five/six will have clinical acne).

Other pigmentation problems can be temporary, like chloasma (a temporary darkening of the face which is usually symmetrical and like a mask). This sometimes occurs in women who are pregnant or on the Pill and made more obvious by sun exposure. It may last for months after the delivery or stopping the Pill.

*Café au lait* skin pigmentation is when the skin has been inflamed (for example, after a burn) pigment may escape from pigment-producing cells in the area. This leads to a brown colour which may stay for some months. The opposite can happen, too, so that sometimes the damaged skin is left paler than before.

- Always start with clean skin
- Blend colours on your hand to warm the cream to make it easier to apply
- Apply lightly using fingers or a damp sponge. Pat gently to build up the cover and blend from the centre outwards
- Two thin coats are better than one thick one
- Apply a thick cover of translucent powder or setting powder and press well in. Leave for at least five minutes then brush off surplus
- Pat over the area with damp cotton wool or a sponge to waterproof the cream
- At night, remove all traces using cleansing cream and washing with warm water

Source:  
The Vitiligo Society

## Useful Addresses

The Vitiligo Society: 19 Fitzroy Square, London W1P 5HQ. Tel: 0171 388 8905. Fax: 0171 388 0487.

Branch Therapeutic Beauty Care Officer, County Branch Headquarters, British Red Cross, 9 Grosvenor Crescent, London SW1X 7EJ. Tel: 0171 235 5454. Fax: 0171 245 6315.

Disfigurement Guidance Centre. PO Box 7, Cupar, Fife, Scotland KY15 4PF. Tel: 01334 839084.

The Centre is offering pharmacists its latest Laser Directory free of charge (usually £5). Send an £0.80 self-addressed envelope to the above address.

Changing Faces. 1&2 Junction Mews, Paddington, London W2 1PN. Tel: 0171 706 4232. Fax: 0171 706 4234.

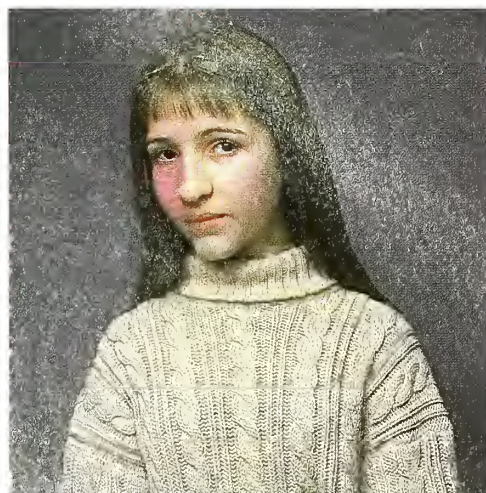
This charity offers a combination of counselling, information and training. It is currently piloting an interface training programme. The first, in March, is accredited by the Royal College of Nurses and is a day's course for nurses on the psychological and practical issues to do with facial disfigurement. It is hoped that the training will extend to other health professionals in the near future.

Port wine stains are a very common birthmark caused by very wide capillaries present at birth making a flat area of skin bright red or purple. They vary in size, but can reach several centimetres across and, unfortunately, the face is the area which is most usually affected. They do not go away by themselves, but grow with the person.

Salmon patches: these are very widespread on the back of the neck and less commonly on the forehead and upper eyelids. They are made up of dilated capillaries. Those on the face usually vanish within a few months, but on the back of the neck stay throughout life in about one in four. Commonly called 'stork beak marks'.

Strawberry marks: not really birthmarks as they appear during the first few weeks of life. They grow quickly at the start, but reach their ultimate size by about three months.

Couperose: high colour on the face and neck is a common and distressing winter skin complaint. The redness is often caused by blood leaking from small broken veins below the





surface of the skin. This occurs when the skin is thin and fragile capillaries are not elastic enough to cope with the flow of blood (which often happens when the blood flow increases as a result of temperature extremes). Base foundations with a green tint can help tone down harsh redness. One of the more recent on the market is High Colour Control.

## Treatments

There are two main forms of treatment: cosmetic camouflage and laser. Laser treatment is suitable for all vascular (ie red) birthmarks and also some brown pigmentation problems like *café au lait* staining. But some marks do not respond and research is currently being carried out in this area. According to Doreen Trust at the Disfigurement Guidance Centre, some shouldn't be treated at all.

There are different lasers for different marks:

- argon laser, emits blue-green light at 488nm and 514nm wavelength
- tunable dye laser 577nm, increased wavelength to treat port wine stains
- pulsed tunable dye laser
- carbon dioxide laser, removes tattoo pigment and is also used for skin resurfacing
- ruby laser, has offered significant advances in the treatment of tattoos (including green tattoos)
- Alexandrite laser, with a wavelength of 755nm, produces slower results than the ruby, but again is of value in the treatment of tattoo pigments of other colours
- ND:YAG lasers, emit light at 1064nm and are useful in the treatment of red tattoo pigments.

Cost does vary, says Doreen, and from her experience "the most expensive is not always the best". Personal recommendation is obviously the best route. The centre can help pharmacists with its annual skin laser directory. This lists all the NHS and private laser clinics in the country. It is free to pharmacists on receipt of an \$0.80 SAE (see address panel for further information).

Cosmetic camouflage creams can be used to cover up facial and body marks, as can self-tanning creams (useful for treating the vitiligo sufferer).

Help and advice is available. The British Red Cross Beauty Care and Camouflage Service has staff in many hospitals. They are trained to advise on products and colour. A GP's letter of referral is needed for an appointment.

There is a wide range of products available – Dermalblend being one of the more well known. It is important for sufferers to get a good match to their skin tone. Properly applied, it will last all day.

## Skin care Statistics

Total market £380.4 million

### Sector shares:

- **Non-medicated**
- Baby products 7.6%
- Cleansers 17.3%
- Facial moisturisers 31.9%
- General purpose 23.8%
- Hand preparations 9.8%
- Lip preparations 3.8%
- Petroleum jelly 1.5%
- Toners 4.2%

### ● Medicated

- Baby products 8.4%
- Cleansers 82.1%
- Facial moisturisers 9.5%

### Top three brands:

#### ● Medicated cleansers

- Biactol
- Oxy Cleanser
- Clearasil

#### ● Medicated moisturisers

- Clearasil moisturiser
- Oxy 10 moisturiser
- Oxy 5 moisturiser

#### ● Non-medicated cleansers

- Oil of Ulay Cleanser
- Synergie
- Boots Beauty Cleanser

#### ● Facial moisturisers

- Oil of Ulay Beauty Fluid
- Plenitude Moisturiser
- Synergie Moisturiser

#### ● General purpose

- Crookes skin care
- Nivea skin cream
- Boots skin care

#### ● Hand preparations

- Vaseline Int Care Dry Skin
- Atxio Hand Cream
- Neutrogena Norwegian

#### ● Lip preparations

- Lypsyl lip salve
- Blisteze lip salve
- Boots lip salve

#### ● Petroleum jelly

- Vaseline p jelly
- Carefree p jelly
- Boots p jelly

#### ● Toners

- Plenitude toner
- Synergie toner
- Simple toner

### Share of trade:

- Pharmacists 44.7%
- Multiples 28.9%
- Drugstores 15.8%
- Others 10.5%

(Source: Taylor Nelson Super Panel  
52 weeks ending December, 1995)



Picture courtesy of L'Oréal

# Ironing out the wrinkles

**The search for the anti-ageing ingredient for the Nineties continues apace, but is the skin care market losing its momentum? Liz Jones reports back on the latest developments**

**T**he skin care market grew by 4 per cent during the past year (1995 on 1994) – and that's by value. In volume terms, it actually declined. Granted, not by much, but it does reflect a static market.

According to Promar International (a strategic marketing and business consultancy), the pace is beginning to slow after five years of intense growth. The market is highly competitive, with both major multinationals and smaller national specialists fighting for position. Promar International maintains that over the next ten years, the market will polarise between the mass, volume sector and the ultra-specialist, premium sector.

It also maintains that consumers are confused by the plethora of different products at different price points making different claims. The danger, says Promar, is that this confusion will lead to scepticism about the true value and benefits of expensive brands, resulting in a consumer backlash in favour of simple, cheaper products.

Therefore, it says that manufacturers need to plan and target their products more carefully,

ensuring that they are positioned accurately and their message communicated clearly.

So what are the manufacturers doing in an effort to encourage consumers to get more involved in the sector?

Facial moisturisers is the biggest section of the skin care market and the sector that most consumers spend the most money in.

Jo Edwards, senior product manager at Beiersdorf UK, does not believe the anti-ageing phenomenon is slowing down. "The focus on anti-ageing is not new, merely that the ways to achieve younger-looking skin take on new momentum with the launch of new technologies," she explains.

It's something that isn't going to go away either. "In an ageing population, with a higher proportion of women working, the need to look good is greater than ever," she says.

Last year's big introduction from Beiersdorf was Nivea Visage Optimale, which was promoted as a first for the UK market and "a real breakthrough in

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Picture courtesy of Rhinoceros International

◀ Continued from P181

skin care". The product has a triple phase emulsion – water in oil in water – whereas most face products are only two (oil in water or water in oil). Ms Edwards believes that Optimale addresses a number of current trends: the use of enzyme activators, antioxidants, vitamins and lighter formulations.

Ian Lyle of Promar International disagrees. The anti-ageing proposition is losing momentum. "Everybody's got it," he says, with anti-ageing benefits being a part of all moisturisers. He believes the main trend to watch is brand's price platforms with an ever-competitive and growing mass market sector. And this is where pharmacy has to watch out, he thinks. "It's a clear problem for chemists with supermarkets and Boots' stores being able to sell cheaper, smaller retailers won't be able to compete." He thinks that pharmacies should opt for smaller brands and suggests those with a more 'natural' proposition: Blackmores, Nelsons, Green Things, etc.

Procter & Gamble is taking a somewhat different tack on the anti-ageing issue with its Oil of Ulay Pro-Vital line. Developed specifically for women over 50, it is a range enriched with a combination of vitamins (A, E and pro-

vitamin B5) and essential oils (including jojoba, macademia and wheatgerm) to "help revitalise mature skin". According to the company, mature skin tends to have lower natural hydrations, lower moisture retention and slower cell regeneration. These factors make it feel rougher and tighter. The appearance of fine lines and wrinkles therefore becomes more exaggerated and the result can be a dull and lifeless complexion.

Last year, L'Oréal targeted the anti-ageing market with two additions. Firstly there was Plenitude's Triple Action Moisturising Fluid, which also capitalised on the trend towards lighter formulations. This contained vitamin E, UV filters, ceramides and vitamin B5. Then came Revitalift, an anti-wrinkle cream. Its advanced formulation comprised: Par-Elastyl, a vegetable protein that helps prevent the breakdown of elastin; Pro-Retinol-A, which produces vitamin A to help accelerate skin cell renewal; and Mexoryl SX UVA filter, a patented photostable filter, which is not broken down by the sun's rays.

Vitamin A also reared its head in Roc's major skin care launch: Pure Active Retinol. To be relaunched this year, Roc describes the product's formulation as "the middle road between dermatology and cosmetology". The product is the first to include a successful stabilisation of retinol in its pure and active form. Retinol stimulates cell renewal causing an increase in cell numbers which forces an upward push of the epidermal cells and thickening of the epidermis. The rate of cell renewal increases, encouraging shedding of cells of the horny layer. The upward surge of cells forces wrinkles to smooth out and eventually disappear altogether. The product's relaunch will entail an extension in its current limited distribution.

Vichy is attacking the market this year with a new product – called Thermal S – and with a new positioning.

Olivier de Malezieux, managing director of Cosmétique Active, is trying to establish a new image for the brand. Vichy's new focus is skin health, with an advertising tagline which reads: 'The source of healthy skin'. All its products are now to contain Vichy thermal spa water, renowned in France for its soothing properties for conditions like arthritis and rheumatism. "It's not just spring water," explains Mr de Malezieux. "It's active water." The Vichy water is rich in minerals and oligo-elements. The new product is available in two variants: one for normal skin (Thermal S1) and one for drier skin (Thermal S2).

# Cruel to be kind?

**Most traditional images of medicated skin care conjure up pictures of carbolic soap, harsh spot creams and greasy skin emulsions. Liz Jones investigates the new-found cosmetic attributes of the 'troublesome skin' sector**



**Lotil Original Formula moisturises the epidermis, while protecting it against the elements. The non-greasy cream is particularly effective at soothing severe dry skin. It contains a bactericide and fungicide as well as lanolin. Chemist Brokers. Tel: 01705 219900**

**T**here are two sides to the medicated skin care coin: spots (acne) and dry skin (including eczema). Traditionally, products treating these conditions have had a dual image: 'harsh', on the one hand, for the treatment of acne and 'greasy' on the other, to treat dry skin.

But this seems to be changing. Manufacturers are realising that all consumers – no matter what skin condition they may have – need to be wooed. Hence, acne treatments are 'cool' with the trendy 'yoo'f-oriented Oxy and Clearasil television commercials, and dry skin treatments, like Balneum, advertise in national newspapers, while E45 ads portray a more cosmetic appeal.

Marketline says that the market for medicated skin care grew by 39.2 per cent between 1990 and 1994, and is now worth \$89.1 million. It puts such substantial growth down to the increase in value of acne remedies and the increase in popularity of therapeutic moisturisers.

Acne remedies is the largest sector representing 37.6 per cent of the market, followed by the 30.5 per cent of the market attributable to therapeutic moisturisers. Clearasil (Procter & Gamble) is the market leader in acne remedies with a 32 per cent market value share. P&G's Clearasil Ultra and Biactol come in second and third with 28 and 16 per cent

Continued on p184 ►



**WASHING  
USED TO BE DRYING**



Soaps and even cleansing bars dry the skin. But Wash E45 provides a unique non-drying alternative. Applied to dry skin and then rinsed off, this effective emollient washing cream can be used to wash hands, face – or the whole body when showering or bathing.

Besides Wash E45, the E45 range includes many other dermatological products, all of which have been formulated and carefully designed to complement one another.



Bath E45 moisturises and protects with a long-lasting emollient barrier. Hc45 Hydrocortisone Cream 1% is the most effective treatment you can recommend for mild to moderate eczema. Lotion E45 is an effective moisturiser that easily smoothes over large areas of dry skin. And Cream E45 is the clinically proven mainstay of emollient therapy for millions.



Effective for a wide range of dry skin conditions, from ichthyosis to eczema to contact dermatitis to general dryness, all E45 products are formulated without potentially sensitising additives.

That means you can rely on this unique range to offer your customers a unique choice – and tailor a therapy suited to their needs.



**E45  
COMPLEMENTARY  
THERAPY  
FOR DRY SKIN**

**PRODUCT INFORMATION:** CREAM E45: White bland emollient cream which contains white soft paraffin BP 14.5% w/w, light liquid paraffin Ph Eur 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. **Uses:** For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. **Dosage and administration:** Apply to the affected part two or three times daily. **Contra-indications, warnings etc:** Cream E45 should not be used by patients who are sensitive to any of the ingredients. **Packaging quantities:** Tubes containing 50g, tubs containing 125g and also 500g. **RSP:** Tube 50g £1.75. Tub 125g £3.55. Tub 500g £8.35. **Legal category:** GSL. **Product licence number:** PL 0327/5904. **Product licence holder:** Crookes Healthcare Ltd., Nottingham NG2 3AA. **Date of preparation:** October 1995. **Hc45 HYDROCORTISONE CREAM:** Smooth white cream containing hydrocortisone acetate BP 1% w/w. **Uses:** For the relief of mild to moderate eczema, irritant and allergic contact dermatitis and insect bite reactions. **Dosage and administration:** Apply sparingly to a small area, once or twice a day, for a maximum of seven days. **Contra-indications, warnings etc:** Hc45 should not be used on the eyes or face, the ano-genital area or on broken or infected skin, including impetigo, cold sores, acne or athlete's foot. The product should not be used in pregnancy or in children under 10 years without medical advice. **Packaging quantities:** Tube containing 15g. **RSP:** £2.55. **Legal category:** P. **Product licence number:** PL 0327/0039. **Product licence holder:** Crookes Healthcare Ltd., Nottingham NG2 3AA. **Date of preparation:** October 1995.





**The Cetaben range of cream, dermatological wash and bath oil is formulated to make the daily care of dry skin more effective, pleasant and less time-consuming.**  
**Carter-Wallace Ltd. Tel: 01303 850661**

◀ **Continued from P182**

market value share respectively, giving the company over a 90 per cent market share in total. Smithkline Beecham comes in at number four with a 17 per cent value share.

Sara Hyland, senior product manager for Oxy at Smithkline Beecham, says the 'harsh heritage' heralds from consumers associating medicated skin care with just one product in a range, like Oxy 10 or Clearasil Max, products which contain benzoyl peroxide (whose actions can involve drying up the skin and killing the bacteria). However, she points out that the majority of sales come from products which are used every day – which aren't 'harsh', but are preventative. For example, the main difference between a medicated and a standard moisturiser may only be the inclusion of an antibacterial agent (which is not harsh on the skin at all). SB also takes a close look at the alcohol

tion' as 'treatment', where the very action of entering the market is 'getting rid of the problem'. The new range includes an oil control facial wash, clear pore facial bar and also a clear pore treatment.

## Slick oil

While not showing yet in the league tables, an interesting new addition to the spot treatment arena is tea tree oil – a natural alternative, if you like. Marketed by a wide variety of companies, including Australian Bodycare, Beauty HQ, Thursday Plantation and aromatherapy companies like Tisserand, the oil heralds from New South Wales and has been used by Aborigines for its antiseptic properties for thousands of years. It is obtained via steam distillation of the leaves of the tree *Melaleuca alternifolia*.

Earning its nickname as 'first aid in a bottle', the oil can treat many skin problems, including spots and has over four times the strength of hospital grade antiseptic, yet can be applied directly onto the skin without damaging the surrounding tissue. It works as an anti-bacterial and anti-fungal product and a pus solvent.

La Formule from Bioconcepts is another 'natural alternative'. Its antibacterial skin pen contains seven essential oils and herbs, including rosemary, clove, lavender, cinnamon, savory, thyme and oregano. The lavender oil has an antiseptic and astringent action, while the rosemary is for purifying and soothing. Thyme also has antiseptic and capillary toning properties, the company says.

This year, Neutrogena is launching an oil/spot-prone skin

range maintaining that oily skin is suffered by all ages and is not just a teen problem. Neutrogena says 45 per cent of women suffer oily skin and 12 per cent excessive skin greasiness. The company also endorses a gentle approach to such skin care, saying that 'rigorous cleansing/treatment' can dry and irritate the skin making the problem worse.

## Soft and dry

In the dry skin sector, products range from recently-made non-prescription Balneum (Whitehall) to E45 (Crookes) and Cetaben (Carter-Wallace) to quasi-medicated skin care like Finder's Heloderm and Fenton Pharmaceuticals' Lotil – even Elida Fabergé has relaunched its Vaseline Derna Care as 'lipid enriched' with the sales blurb reading, 'Effective relief for problem dry skin'.

While the term 'dry skin' abounds in cosmetic preparations, problem dry skin tends to relate more to eczema and psoriasis, and, according to Whitehall, as many as one in five of the UK population suffers from problem

- cold windy weather
- centrally heated homes and offices
- frequent washing either with



**The real thrust of the brand is as a preventative treatment.**  
**Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151**

soap or detergents

- contact with irritating and drying chemicals
- increasing age causing sweat and sebum levels to reduce, coupled with overall thinning
- inherited predisposition to skin disorders where dryness, scaling and flaking are a major



**Neutrogena is relaunching its oily skin care range, targeting women aged 18-29. Johnson & Johnson. Tel: 01628 822222**

and soap content of its 'daily use' medicated products to ensure they are not harsh to the skin. They also check pH levels. While the ad message of the Oxy range may be 'Oxycute 'em', the real thrust of the brand is as a preventative treatment through clean skin. Teenagers, says Hyland, tend to regard 'preven-

**The Australian Bodycare tea tree oil range is designed to combat the problems of not only oily skin but also eczema, dermatitis and psoriasis. Australian Bodycare Ltd. Tel: 01892 531300**



**Flores Natural Cosmetics Tea Tree range has only just debuted in the UK, courtesy of Beauty HQ. The range comprises ten skus. Opening parcel deals include free products and information leaflets.**  
**Beauty HQ Ltd. Tel: 01734 861500**

dry skin (10 per cent are affected by atopic eczema).

Skin becomes dry when the protective lipidic barrier becomes impaired, allowing increased water loss. The barrier becomes impaired by:

part of the symptoms.

'Ordinary' dry skin, says Whitehall, may simply feel tight and uncomfortable after washing and can be treated with toiletry moisturisers. "More serious problems should be treated with emollients that soothe and soften the skin, replenish the oil content and prevent dehydration," it advises.

Marketline predicts that the UK medicated skin care market will grow by 5 per cent between 1995 and 2000, to reach \$95m. Growth will be relatively static due to the maturity of the market. And advertising, it believes, will continue to play an important role in brands maintaining value shares.







# NEW LIPID ENRICHED DERMA CARE

£2.6 million TV treatment  
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BUSINESS IS LOOKING GOOD



# Complex creams

Chris Gummer, research fellow and department head of skin and hair research at Procter & Gamble Health & Beauty Care (Europe), examines the pros and cons of today's wide variety of skin care ingredients

**T**he trend in the skin moisturiser market is towards an increasing complexity of ingredients. Wide varieties of natural ingredients, proprietary molecules, exotic extracts and novel delivery systems have distracted many from their primary aim – moisturisation.

Before considering any additional ingredients, the formulation must be built upon a proven platform of high-level, sustained moisturisation. Water is the most active ingredient we can deliver in any significant quantity every day. It removes the white appearance of dry corneocytes, relieves tightness and provides a soft, smooth surface. Its plumping effect on dry corneocytes gives an instantaneous reduction in the appearance of fine lines and wrinkles.

In addition, the enzyme complement of dry skin remains largely inactive due to the absence of water. By maintaining hydration near the surface, natural desquamation is greatly enhanced. However, it is difficult to deliver. It is even more difficult to maintain moisture over extended periods. Many formulations may show a measurable effect for less than three hours.

## Glycerine first

Despite attempts to find alternatives, glycerine remains the moisturising ingredient of choice. Its only real problem lies in its poor aesthetic qualities, particularly stickiness. Adding glycerine to W/O or O/W emulsions is not sufficient, for long-term moisturisation. With skilful formulation, the benefits of glycerine can be fully exploited.

By incorporating glycerine into lamellar liquid crystals a two-fold delivery system is formed. Firstly, water and glycerine from the bulk phase are delivered. Secondly, water and glycerine within the lamellar structure of the liquid crystal are released at a slower rate. Such biphasic behaviour keeps skin moisturised for long periods.

Also of great importance is the regression phase after stopping use. With products where the emphasis is placed first on moisturisation, benefits may be measured up to three weeks after cessation. This serves to demonstrate further their efficacy.

Many formulations lay claim to instantaneous effects based on unique or exotic ingredients. There are very few routes to such



rapid action. Transit time of basal cells to the skin surface is approximately 50 days; through the stratum corneum 14-21 days.

Consequently, ingredients acting on cellular processes must change the synchrony of the skin. Making the change will take time. For instantaneous changes, moisturisation is the major route.

Other routes include the desquamatory activity of scrubs and hydroxy acids. The first working by physical abrasion, the latter by breaking down cell to cell junctions. However, hydroxy acids may cause irritation, although sub-clinical irritation does appear to be part of their mode of action. A third area is camouflage. Filling in fine lines with polymers or beads, or making skin tone more even will enhance the initial, but not long-term, appearance of the skin.

## Cosmetic actives

For both immediate and longer-acting ingredients, the claimed effect should be epidermal only. Influencing the dermis borders on drug actives.

There is a difference between delivering actives which maximise the potential of the skin through its own mechanisms compared with those targeted to change a physiological process. In general, moisturisers only work on the epidermis. Even here care is needed. Increasing basal cell mitosis in response to removing stratum corneum cells

is an expected physiological response. Targeting mitosis by the application of an active could be considered as a drug.

Preventing further damage to the skin has long been considered the way to maintain youthful appearance. The adverse effects of the sun are well documented.

There is, however, debate as to whether products should reduce the total amount of light reaching the skin (square wave) or selectively reduce certain wavelengths. The former seems correct, as we don't yet know whether a change in the ratios of wavelengths will induce more problems.

Maximising the repair mechanisms of skin is a proven route to obtain a long-term effect without drug-like actives. Virtually all moisturisers contain an oil phase for either aesthetic or true physiological effects on the epidermis. The aim is usually to improve the barrier properties of the skin.

There appears to be a feedback mechanism in the skin such that increased water loss induces increased lipid synthesis in order to deposit more intercorneal lipids to plug the leak. As cholesterol synthesis is central to this, the addition of cholesterol to products has been explored. A drawback to heavy, occlusive creams is that they occlude the leak which may in turn reduce endogenous lipid synthesis.

Many products use ceramides, equivalent to endogenous skin

lipids. However, that these are deposited into the stratum corneum is difficult to prove, especially as the skin is trying to deposit its own lipids there. It is possible to show ceramides from the product in the uppermost layers of the stratum corneum forming multi-lamellar structures indistinguishable from skin's natural lipids. Finding pure ceramides can be a problem.

## Vitamins in skin care

Vitamins have a long history in skin care formulations, especially E, C and A. Vitamin E, often formulated as tocopherol acetate due to its water solubility, acts as a free radical scavenger. However, unless converted by the skin, tocopherol acetate is not a scavenger. In contrast, vitamin E does scavenge, but is only oil soluble and is an irritant at higher concentrations.

In addition, beta-carotene quenches singlet oxygen (a potent generator of free radicals), but is difficult to formulate due to its colour. Vitamin C, which gained popularity for its role in collagen synthesis is better used for its antioxidant activity. Vitamin A is known to reduce wrinkles, mainly by inducing the formation of hyaluronic acid. Formulated as retinol, it is prone to oxidation and must be protected by an antioxidant.

Adverse reactions to skin care formulations are rare. However, suitable in-use pre-market trials, such as tolerance in use, repeat insult patch testing and cumulative irritation testing, should be expected as the norm. In many cases, with speciality products containing ingredients with specific activity claims, consumers are advised to try the product on a small area first. Other excipients, such as co-solvents and perfumes, can be the source of irritation reactions. In particular, natural plant ingredients should be treated with care as the specified ingredient usually carries with it a large number of unidentified compounds.

In summary, there is no reason to consider high tech formulations as the 'foe'. The breadth of ingredient technology and delivery systems serves only to bring new benefits to the consumer. In the search for the high tech 'friend', one must not lose sight of the fact that a well designed moisturiser with high acceptance, should form the platform for any skin care formulation.



## Armchair critics take note

It's so easy to criticise from the comfort of one's armchair (**Northern Ireland Notebook**, *C&D* February 3), yet to suggest that the Pharmaceutical Society of Northern Ireland is ineffective is unfair and displays considerable ignorance of its work.

Over recent years, the Council has undertaken a considerable number of innovative projects and has effectively represented the profession in Northern Ireland at every level. I would like to point out that the Council merely represents the Society, which is the body of members who are registered pharmacists. The Council acts on behalf of members and it is up to members to direct Council.

It appears that most pharmacists view things the other way around. In recent years:

- Council successfully sought funding from the DHSS and appointed an audit fellow who has undertaken a number of audit projects
- Council radically changed the pre-registration training year and introduced the registration examination run and organised by the Council
- Council, in conjunction with UCA, PCC and GHP, set up a public relations committee that has been effective in getting pharmacy's message across to the public and countering negative publicity
- Council members represent the profession on a wide range of important committees and they ensure that the profession is not forgotten.

Council, and in particular the president, work hard on behalf of the Society and if any pharmacist thinks that he or she can do a better job, I would be delighted to welcome them on to Council. If it's not broken, why fix it?

**Terry Maguire**  
Belfast

## Raiding the global sum?

I am not sure whether Wiltshire Local Pharmaceutical Committee has scored a victory or an 'own goal' (*C&D* January 27, p112). As I understand the situation for devolving money to family health services authorities, this money is cash-limited and considered to be part of the global sum.

If the Department of Health allows an overspend by one FHSA, then surely this must

mean that there will be less available for contractors in the rest of the country?

In North Yorkshire, we currently receive no payment for advice to nursing homes. I believe it was felt that there was only enough funding to provide advice to residential homes from the devolved money available.

What will be the situation if North Yorkshire, and many other FHSAs, are allowed to overspend in the manner of Wiltshire FHSA? I suspect that the answer will be lower dispensing fees.

Contractors would be better served if LPCs refused to be party to any agreements where funding was not realistic and sufficient to provide even a basic service.

**Richard Rutter**  
Harrogate

## All is not doom and gloom

What a gloomy picture **Xrayser** (*C&D* January 27) paints of the future for independent pharmacy!

The fact that he personally may have no option but to obtain his supplies through his wholesaler/retailer is surely not true for all independents. I would have thought that a considerable number of pharmacists still have an alternative in the regional wholesaler network.

It is, however, a case of use them or lose them. It is not too late to stop the process, if the independent pharmacist makes use of his independent wholesaler wherever possible.

**Ian Crimp**  
Marketing sales manager,  
Graham Tatford & Co,  
Portsmouth

## Taking your medicine

If Joe Soap MRPharmS is hauled before the Royal Pharmaceutical Society's Statutory Committee, he is expected to respectfully accept its decision and take any punishment that it chooses to dish out. Not so Boots.

The only surprise about that company's decision to seek a judicial review of the Committee's ruling is that the Society, or anyone else, should be surprised.

Ever since the Dickson judgment overturned a four to one vote of the greatest number of the members of the Society ever gathered together, Boots has felt free to ignore the pharmaceutical authorities and go its own way regardless. The ensuing 30 years seem to have done

nothing to refute Boots' belief that there is one set of rules for it and another for the rest of us. *Plus ça change!*

**A Hilton**  
Oundle, Peterborough

## Accounting software wanted

Through the courtesy of your **Letters** page, may I ask anyone who has found a simple and economical pharmacy accounting program for an IBM compatible PC to contact me?

I have been using an excellent BBC B program for some years now, but cannot find anything similar for my new PC. Several widely available programs I have looked at are more complicated than necessary and/or do not allow for the unusual VAT position of a retail pharmacy.

The NPA recommended programs, on the other hand, seem rather expensive for use in my essential small pharmacy! If anyone can help, they can e-mail me on 101363.3552@compuserve.com or telephone me on 01505 704142.

**Graeme Park**  
Spateston Pharmacy, 27  
Hallhill Road, Johnstone PA5  
0SA.

## PSG off the beaten path?

With its latest outburst on the future of NHS dispensing contracts, the Pharmacy Support Group appears to have lost its way and credibility.

It purports to support the small pharmacy. From Society premises' registration figures, it is these pharmacies that are on the increase. Yet the PSG is stating that control of entry is essential! Isn't this typical of the present muddled thinking of this Group? Constructive, not destructive, ideas are required for the long-term survival of community pharmacy.

I will go further: in my opinion, it was more PSG confused ideas of exposing to the press often inaccurate figures on the margins of OTC medicines that have initiated the present assault on RPM by the supermarkets.

The PSG must either now shut up or put up. Hopefully the former, as its continued protestations can only cause more problems for community pharmacists. In fact, I have a new meaning of PSG, namely the Pharmacy Sabotage Group.

**David Thomas**  
Tettenhall, Wolverhampton



**L-r:** Dr H Jeffrey of SGS Yarsley, Jean Guéguinou, French ambassador, Jean-Jacques Lebel, managing director, L'Oréal UK, and Wyn Mainwaring, general manager of the L'Oréal factory in Llantrisant, Mid-Glamorgan, at the recent presentation of the ISO9002 Quality Award to L'Oréal

## The MCA programme

May we draw attention to two errors in the current National Pharmaceutical Association *Pink Supplement*, which could create serious misunderstandings about medicines counter assistant training.

Referring to the MCA training programme, the NPA states that Parts 1 and 2 comprise 12 sessions and implies a need for a further two. This is incorrect and has not been the case for at least seven months. Parts 1 and 2 each comprise seven sessions, and together the 14 sessions form the complete MCA programme, meeting the standards required by the RPSGB.

For assistants who took MCA prior to July, 1995, when each part did consist of six sessions, the so-called 'Top-up Pack' could be purchased from the NPA. However, since July, for such assistants subsequently wishing to complete their studies, MCA course organisers can obtain the supplementary material free of charge from Radcliffe Medical Press.

The same *Supplement* states that "March will bring price increases to all NPA training programmes". Although MCA is a jointly-created and jointly-developed training collaboration, readers who regularly see reference to the 'NPA Medicine Counter Assistants course' will inevitably assume that the price increases include MCA!

In fact, due to negotiations with course organisers, and the increasing demand leading to longer print-runs, the cost of MCA is not going up, and should, if anything, soon be coming down!

**A H Stewart**  
Director of training, Radcliffe  
Medical Press



# Self-assessment

**April sees the introduction of 'Self-assessment' to determine income tax liabilities. It will affect everyone from locums to company directors. National Pharmaceutical Association group accountant George Raven spells out what is involved and some of the key dates**

**I**n the 1994 and 1995 Finance Acts, the Government introduced the most fundamental changes to personal taxation since PAYE started in 1944. A new system for individuals, known as 'self-assessment', is to be introduced which is claimed to be a clearer, more straightforward and efficient way of calculating and paying income tax.

This new self-assessment system is part of the Inland Revenue's programme of change. The Revenue hopes it will save up to \$250 million a year in compliance costs and increase its cash flow.

Individuals will now be responsible for the management of their own tax affairs and will make their own assessments by way of a new combined tax return, which includes all sources of income and gains, and reliefs, deductions and allowances for one year. The existing system, whereby the Revenue issues estimates of the tax payable which can be appealed against, will end.

Self-assessment will be implemented for the tax year 1996/97 (beginning April 6, 1996). However, the new-style tax return will not be issued until April, 1997. The Inland Revenue has already had to revise the new return. Around nine million taxpayers will be affected by self-assessment, and these include:

- employees who have more complex tax affairs
- employees who are liable to pay tax at the higher rate
- sole traders
- self-employed people, in-



cluding partnerships  
● company directors.

The new self-assessment return does not apply to companies which will continue to pay tax under the 'Pay and File' system, but will affect them as employers.

For sole traders and partnerships, once self-assessment is fully implemented, the amount of tax payable will be based on the accounts drawn up for a period ending in the fiscal year, and not on those ending in the preceding year. The assessment on a partnership will be abolished and replaced by assessments on each individual partner.

Everyone affected by self-assessment must keep records. From April, 1996, all taxpayers must, by law, keep their records of income and capital gains for 22 months after the end of the tax year to which they relate. Self-employed people, including sole traders and partners, will have to retain their records for

five years after the fixed filing date. Guidance is to be issued on the type of records that are required to be kept.

If you think you need a return and have not received one, then you must tell the Revenue.

Under self-assessment, the new returns are designed so that individuals can calculate the income tax payable. All income tax will be paid under one assessment; currently tax on investment income is paid under a different assessment from schedule E (employment) income. The Inland Revenue does say it will calculate the income tax payable from your return if you should so wish.

## Key dates

There are two important dates for sending back tax returns: September 30 and January 31. If you require the Revenue to calculate the tax, then the return must be sent back by September 30. If you wish to calculate your

own tax, then the return must be sent in and the tax paid by January 31.

Returns not sent back by January 31 will incur a fixed penalty of \$100, and returns still outstanding six months later, a further \$100. In general, everyone who has to pay tax under self-assessment should pay it by January 31 following the tax year covered by the return.

The self-employed, sole traders and partners will potentially make two payments on account, which are calculated by reference to the liability which arose in the previous year, followed by a balancing payment which is due on the following January 31. The first payment on account is due on January 31 in the tax year and the second on July 31 following the end of the tax year.

Class 4 National Insurance Contributions are incorporated in the calculation of the balancing payment which is due on January 31.

Employees who submit returns will continue to pay income tax under the PAYE system.

If the return is submitted by September 30, and the tax due is less than \$1,000, then the Revenue will collect the tax through the PAYE in the coming year if it can, and if that is the taxpayer's wish. Otherwise any balance due is payable on January 31, following the end of the tax year.

Under self-assessment, employers are required by law to supply all necessary information to their employees to enable them to complete their tax returns. Therefore, P60s must be sent to employees by May 31 annually.

Employees must provide the necessary P11D information on benefits in kind by July 6. The obligation to provide employees information extends beyond notification of benefits to include the calculations of the 'cash equivalent' of the benefit so the actual taxable amount can be put on the employee's return.

Employers will now have to retain information on employees' remuneration for at least five years.

This new system has led to a new form, P45 (to be introduced from April 6, 1996), which includes one extra page for employees leaving during the



year. There is also a re-designed P11D.

## Keep up to date

The major element of self-assessment is being up to date with your tax affairs. Now is the time to sort them out. If you have any outstanding tax returns, send them in immediately.

For the self-employed, now is the time to get your records up to date and get your accountant to prepare your latest annual accounts. If he completes your current tax return, he will probably continue to complete the new returns, but he will need all the latest information.

The Revenue will still retain its powers to make enquiries on tax returns, so if you do use professional assistance to complete your current return, carry on with this for the new return. If you have any problems, contact your accountant now!

The above is only a brief summary of the new regulations and is intended to make you aware of what will happen and take action to prepare for the introduction. For employees the Revenue has issued a booklet: 'Self-assessment - a general guide'. For the self-employed, a separate booklet is available: 'Self-assessment - a guide for the self-employed'. Both booklets should be available from your local tax office.

When?	What happens?	Who is affected?
No later than April, 1996	People need to keep records relevant to their tax affairs	Everybody
January 31, 1997	First payment on account of 1996-97 tax	Some people: the IR will tell you well in advance if it applies to you
April 6, 1997	A new-style tax return for 1996-97 will be sent out	Everybody who gets a tax return
May 31, 1997	Your employer should have given you your P60 for 1996-97 by this date	Employees
July 6, 1997	Your employer should have given you details of your expenses and benefits for 1996-97 by this date	Employees who get expenses and benefits in kind (not covered by a dispensation)
July 31, 1997	Second payment on account of 1996-97 tax	Some people: the IR will tell you well in advance if it applies to you
September 30, 1997	Send the tax return by now	People who want the IR to calculate their 1996-97 tax
September 30, 1997	Send in your tax return by now	People who pay tax under PAYE and want the IR to collect any tax due (up to £1,000) through their PAYE code during 1998-99 - if the IR can
January 31, 1998	This is the deadline for sending the IR your return and paying the tax due. An automatic penalty of £100 will be charged if you have not sent in your return by now	Everybody who gets a return
February 28, 1998	Automatic surcharge will be charged	Everybody who has not paid tax due on January 31, 1998

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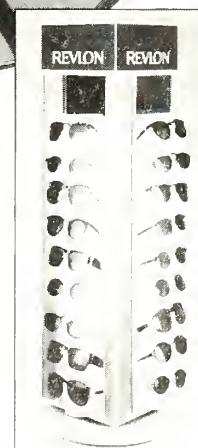
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# Humberside pharmacy gets contract – for second time

Humberside contractors have once again been granted the right to open a pharmacy in the village of Holme-on-Spalding Moor.

The first successful application by Crump & Watson was overturned, following a judicial review against Humberside Family Health brought by the local dispensing doctor practice, Drs Moore, Marsden and Robinson (C&D December 23/30, 1995, p910).

The FHSA was told to reconsider the application, in the light of whether the pharmacy was necessary or desirable, by Justice Potts in December. The contract was granted last week.

Humberside Local Pharmaceutical Committee secretary David Newton says he is pleased that the FHSA has made the same decision, "but I am disappointed that the changeover period is still two years".

This was echoed by the Pharmaceutical Services Negotiating Committee's secretary, Mike King. "This effectively means the pharmacy has to provide a pharmaceutical service for this period, without any prescriptions," he says.

He believes the FHSA's decision, in this regard, is "not justified", as it is possible for GPs to transfer their list within a shorter timeframe.

## DHSS launches home health guide

A guide to common illnesses that can be self-treated has been issued in Northern Ireland.

Pharmacies and surgeries will be distributing 600,000 leaflets, which cover coughs and colds, vomiting, constipation, indigestion and diarrhoea. Recommendations to consult the pharmacist, or GP, are also made.

The DHSS is keen for the pharmacist to be seen as a source of health advice, and has involved the PSNI in writing the guide.

"This is the first time that pharmacists and GPs have worked together on such an initiative," says pharmacist Dr Terry Maguire, one of the co-authors.

## Scots bid for health promotion money

The Health Education Board for Scotland has put in a bid for \$30,000 for health promotion projects through pharmacy.

The Scottish Office has still to confirm funding for the year 1996-97, but the HEBS hopes to hold a seminar in April to discuss strategies and to co-ordinate new projects with any local pilot schemes already under way.

Project manager Lindsay MacHardy says the Board is keen to investigate the links between pharmacists, GPs and other health professionals, and between hospital and community pharmacists.

● The Royal Pharmaceutical Society's Scottish Executive is to set up a 'policy group' to advise the Executive on responding to health service developments.

## Call to lobby MPs about payments

Pharmacists should write to their MP about late payments for services, says the National Pharmaceutical Association. The call comes as a Private Member's Bill is scheduled to come before Parliament on March 1 to debate the subject of prompt payment.

The latest NPA *Supplement* asks members to explain to their MP what late payment has meant

for the contractor. It suggests the briefing could include issues such as late payment from the family health services authority or health board which has resulted in loss of wholesaler discount, or could ask why it takes three months to receive payment for dispensed prescriptions, while the Government is preaching a 'prompt payment gospel'.

## Cocaine theft could lead to jail

A pharmacist stole drugs from his own shop, a Welsh court was told last month.

Pharmacy manager Dyfan Thomas, 27, stole 20g of cocaine from Rowlands the Chemist, Wrexham, a court in Mold, North Wales, was told.

Mr Thomas, who told the court he had been under stress following a bereavement, admitted the offence. He is now receiving counselling and treatment at a

drug rehabilitation centre.

The theft was revealed during a routine check. It was found that 43g had been dispensed over half a year, but that a 20g loss could not be accounted for.

The court was told, in Mr Thomas' defence, that the drug had been for his own use, there had been no question of him giving the drugs to addicts.

He will be sentenced at a later date.

## HEA to issue guidance for promotion audit

Audit guidelines for health promotion through pharmacies are being drawn up by the Health Education Authority.

The HEA's Pharmacy Advisory Group is behind the initiative. It will issue three audit models to pharmacists by April: oral health, sun and travel awareness and smoking cessation. These will advise on monitoring pharmacists' interventions, their counselling skills and feedback, in addition to the usual provision of leaflets.

## West Sussex contractors urged to back colleague

West Sussex contractors are being urged to support a boycotted pharmacy.

In a letter to contractors and pharmaceutical committee secretaries, West Sussex Local Pharmaceutical Committee secretary Peter Dobson asks for support for Sutaria Pharmacy, Crawley Downs (C&D January 27, p113).

Some pharmacies in the area have been approached by Crawley Downs' residents asking for a collection and delivery service, but their requests were refused.

## Methadone warning

A report in *The Big Issue* suggests that Glasgow addicts are trading in 'spit-meth', regurgitated methadone, by vomiting the drug after supervision.

## NPA note

In the National Pharmaceutical Association's January-February 'Professional Practice Matters', the telephone number of the Arthritis and Rheumatism Council should have read: 01246 558033.

## New CPPE packs

The Centre for Pharmacy Postgraduate Education is introducing five new distance learning packs: hormone replacement therapy; oral health (volume two); an updated responding to symptoms pack; palliative care; and case notes in community pharmacy.

## Scottish update

The Scottish Office has confirmed that CD fees will not be paid for temazepam, but the position will be reviewed when safe custody regulations become effective on April 15. The Prescription Pricing Division will not accept endorsements for naproxen 250mg/500mg tablets for February.

## Are you stressed out?

Pharmacists top the employment league of physical stress signs, according to a Manchester University study.

## Valentine's launch

Men and women will be encouraged to take responsibility for their own and their partner's sexual health in a new Pharmacy Healthcare Scheme campaign, launched on Valentine's Day.

## Osteoporosis ignorance

Osteoporosis sufferers are condemned to a life of pain and deformity because health commissions are not doing enough to prevent and treat the condition, claims the National Osteoporosis Society. It has produced a report, 'Local Provision for Osteoporosis', offering guidelines for setting up basic service.

## Over-60s refund

The prescription claims processing unit has received 114,350 completed forms from men aged between 60-64, with all remaining forms issued at the end of last week, revealed health minister Gerald Malone in a written answer to the House of Commons.



**Mr Whitecoat is concerned with his staffing needs and how he might acquire the right people, explains Terry Maguire, Belfast proprietor pharmacist and senior lecturer at Queen's University**

**G**ood staff are a business' greatest asset, poor staff are its greatest liability. Staff management should ensure that people are motivated to act in the best interests of the firm and that it can maintain an adequate number of skilled, productive and satisfied employees to ensure its continued success.

Good staff management involves acquiring the right employees and retaining them. Acquiring them involves knowing what you need (manpower planning) selecting them effectively (recruiting) and ensuring that they are integrated into the business properly (orientation).

Once a member of staff is employed, Mr Whitecoat needs to ensure that performance is maximised through continuous performance appraisal, training, discipline and motivation.

Mr Whitecoat, as owner/manager, will have considerable influence on attitude and behaviour. Employees are often imitators rather than innovators, so how his staff respond will depend on his leadership.

The ideal manager will build loyalty and esteem and will make it possible for people to contribute their ideas by fostering an atmosphere that stimulates them to act and gives them the power to do so.

## Manpower planning

Manpower planning is the first step in ensuring that Mr Whitecoat employs the right number of the right kind of employees. If he



# Staff: the best asset

were opening a new pharmacy, it would be necessary to estimate the number and types of jobs that need to be filled immediately and at some future time, based on financial projections.

However, Mr Whitecoat is taking over an existing pharmacy. Manpower planning will ensure that he is not responding to crises – which would lead to him employing lesser-quality staff.

In a smaller pharmacy you will know instinctively what levels you require. Some larger businesses will set a limit of 3-5 per cent of turnover for staff costs, reviewed monthly. A minimum wage is agreed annually by the JRC. Information on the present rates is available from the National Pharmaceutical Association.

## Job description

A job description is essential so that the employee and the manager know what is to be done and from the start there is no confusion over responsibilities. A good

job description can only be written after a job analysis.

There are a number of ways you might perform a job analysis: observe a present employee doing the job; get them to complete a questionnaire if there are many undertaking a similar job, or interview them on the job they are currently performing.

Alternatively, you might decide to write a job description based on a deficiency in your service. For example, employing a cleaner because staff do not have time for cleaning tasks.

Once you know the activities or tasks that constitute the job, then you are in a position to write a job description. This also identifies the tasks and the time allocated to those tasks, providing the worker with increased autonomy which reduces the need for constant supervision.

A job description provides an opportunity for job enhance-

ment by increasing staff independence and should be used as a management tool throughout the employment to review performance and activities.

Items which should be included in a job description are:

- job title
- location
- job summary
- duties
- equipment, if any
- materials and forms used
- supervision
- working conditions
- hazards (to comply with the Health and Safety Acts.)

## Job specification

Related to job descriptions are job specifications, which serve as a guide when selecting applicants for a particular position. A job specification contains a statement of the qualifications necessary to do the work. Components of a job specification might include: education, experience, training, judgment, initiative, physical effort, physical skills and communication skills.

Extreme care must be taken to ensure job specifications do not breach the law, particularly in relation to sex, racial or religious discrimination.

## Recruitment

Searching for and attracting prospective employees is a difficult, but necessary, part of good staff management. How you attract the type of employee you want will depend on the general 'labour market'. If no special skills are required, then there will be an ample labour supply. More specialist jobs may be more restrictive and the availability of qualified pharmacists might be even more restricted.

The local/regional newspapers are the most efficient vehicles for attracting suitable applicants. It is important to state your requirements clearly. A good journal or newspaper advertisement will contain the following:

- job title
- brief description of duties
- your minimum education requirement
- hours and days to be worked
- brief instructions for applying for the job
- PO box number or address.

Alternatively, you might suggest that they apply for an application form or ask for a *curriculum vitae*.

References given by applicants should always be checked before offering a position to a candidate. Previous employers are the most suitable source of information, but a current employer may be wishing to offload a problem employee, so always check at least two references for each applicant you considering employing.

### Leadership dos

- 1 Do as you say
- 2 Encourage a team approach
- 3 Be clear on what is expected
- 4 Prioritise
- 5 Avoid favourites
- 6 Communicate clearly
- 7 Be positive
- 8 Listen to staff ideas
- 9 Criticise constructively in private
- 10 Give praise for a good job

### Leadership don'ts

- 1 Display a bad temper
- 2 Threaten staff with dismissal
- 3 Discipline or criticise an employee in public
- 4 Only discuss things when they are bad



## Celltech drug failure hits biotech sector

The biotechnology sector saw shares fall last week after Celltech announced that trials into CDP 840, its asthma treatment, had stopped.

Merck and Celltech had completed phase IIa trials on the drug, which is a selective phosphodiesterase IV inhibitor. However, the results of the trial did not "represent a significant therapeutic advance", say the companies.

They will stop developing CDP 840, but intend to develop one or more of the second generation phosphodiesterase compounds which are under evaluation.

CDP 840 was one of Celltech's most promising drugs: pharmaceutical analysts at Lehman Brothers had predicted that if it came to market, the drug would achieve sales of between \$500 million and \$1 billion a year.

Celltech shares fell by around a quarter of their value after the announcement and other share prices in the sector also fell. However, shares rallied in the following few days. Analysts believe that investors are now more ready to judge individual companies on their own merits and it will take a series of disappointing results to seriously damage share prices in the sector.

## Peter Black reports 'consistent growth'

Peter Black, which markets and manufactures healthcare, fashion and beauty products, has reported sales for the six months to December 2, 1995, of \$69.3 million, slightly down on the same period last year. Profits fell \$200,000 to \$8.2m, although operating profits on continuing operations rose 8.1 per cent (last year's figures included \$4.6m from the Keighley footwear factory, which was closed last May).

The new English Grains Healthcare factory at Swadlincote is operational, completing the consolidation of the personal care business on a single site. However, the transfer of production meant that capacity was temporarily affected. The company is extending its range of private label products for multiples.

The personal care division turned in sales up 5.4 per cent to \$28.2m, and profits up 13 per cent at \$4.7m. Skin care, fragrances and gifts turned in the best performances. Peter Black products are in increasing demand overseas which the company views as an exciting prospect for the future.

# Gehe puts up \$584m for Lloyds

Gehe, the German wholesaler that owns A&H, has launched a counterbid for Lloyds Chemists.

The bid is a 450p cash offer for each Lloyds' ordinary share and 290p for each preference share, valuing Lloyds at \$584 million. This compares with Unichem's cash and share offer of 404p for each ordinary share (figures based on last Wednesday's share prices).

The bid could be the start of a fierce bidding battle for Lloyds, whose 924 pharmacy outlets could make Unichem or A&H the largest pharmacy chain in the UK. As *C&D* went to press, Unichem said that it had noted the Gehe offer and was considering its response. It will be making an announcement "in due

course" and urged Lloyds' shareholders to take no action until that time.

A spokesman confirmed that Lloyds is considering the Gehe offer. However, it is unlikely that Lloyds will recommend the Gehe bid to its shareholders until it has determined whether Unichem will make another, higher, offer.

Gehe has previously said that it wants to increase its retail pharmacy presence in the UK and that Lloyds Chemists would be a "complementary fit to A&H".

Gehe says that the acquisition would result in similar benefits to a Unichem acquisition, but it would be reviewing Lloyds' activities other than pharmaceutical wholesaling and retailing after the completion of offers.



## New UK generics company

Bayer and Schein Pharmaceutical have set up a new generic medicine company in the UK, Ethical Generics.

The company hopes to bring a new approach to the UK generics market by focusing on customer needs, such as value for money, quality and service, but, above all, providing the products that customers actually want, says Roger Cuff, Ethical Generics' general manager.

Its initial portfolio will include products in the fields of cardiovascular disease, diabetes and pain control. The company hopes to have 12 products on the market by the end of 1996 and 30-40 by the end of the century. The first will be Unipine XL, a once a day nifedipine formulation, originally developed by Bayer.

Ethical Generics operates from offices in Newbury, Berkshire. It is setting up a direct sales team which will focus on selling to retail chains and wholesalers. Pharmacists will be dealt with by a telesales team. It will use an existing distribution chain, but will also deliver direct to customers where this is thought to be appropriate.

## Prophet alert system

Chemtec has developed its Prophet 2000 EPoS system to include a patient message facility, which prints advisory messages on the till receipt.

Different medicines produce different messages: some are restricted to on-screen alerts, some (eg aspirin) just produce a

message on the till roll and others produce both. Chemtec has also added a mechanism that allows the system to check when two different OTC medicines are bought together.

Chemtec is trialling the system in some of its established EPoS sites and will soon extend it.

## Potter & Moore to sell retail brands

Potter & Moore is offering its range of branded toiletries and home fragrance retail products for sale.

The sell-off means that the company will be able to focus its resources on its expanding own-label and hotel sectors of the business "We wish to focus on these sectors in the UK and

worldwide and, in a positive move, have decided to sell the Potter & Moore branded ranges for distribution through retail worldwide," comments David Hargreaves Potter & Moore's chairman.

The company hopes to find a buyer with a strategic focus on branded business development.

## Pharmacia & Upjohn launches new logo and London centre



Pharmacia & Upjohn launched its new corporate logo last week and reported that the merger of the two companies (*C&D* August 26,

1995, p281) is progressing well.

The planning stage is almost complete. The company's corpo-

rate management centre will be in Windsor. Although global strategy will be decided at the Windsor site, which will only have approximately 100 staff, responsibility for research and development, manufacturing and marketing will be allocated by therapeutic area to three pharmaceutical centres to avoid unnecessary bureaucracy.

● Milan, Italy, will run the company's cancer drug operation

● Uppsala, Sweden, its metabolic drug division  
● Kalamazoo, US, other areas including infectious diseases and female health.

The new logo bears three symbols on a stone: a hand for human inventiveness, friendship and communication; a bird for challenge and hope; and a star for inspiration. The stone intended to symbolise the company's strength and durability.



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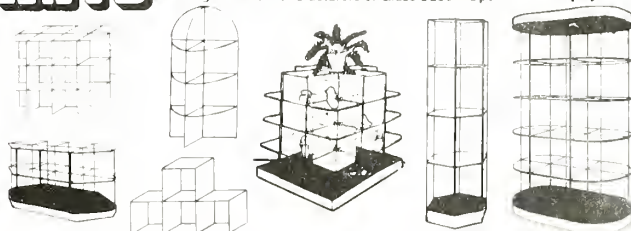
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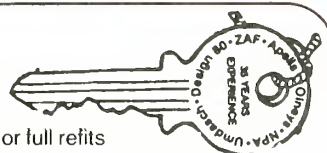
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The copy deadline for next weeks issue is  
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Call Lucy Reynolds on

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# ABOUT people

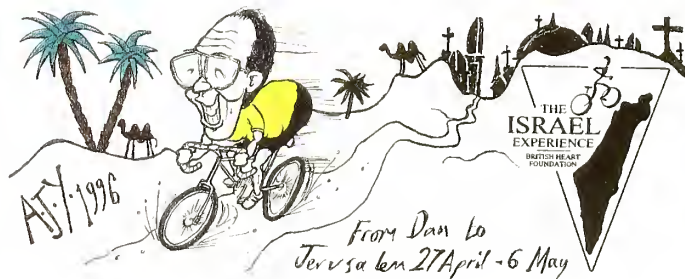
## Saddling up and riding out

Selling up a family business can throw up new challenges and free time to pursue old interests. For Stourbridge pharmacist John Yeates it has meant the chance to ride across Israel for a charity close to his heart.

Mr Yeates, who sold Yeates & Sons last year because it was "the right time to do so", is now working part-time at Boots and as a pharmaceutical adviser for Dudley Health Authority.

In April, he will be taking part in 'The Israel Experience', a challenging five-day, 250-mile cycle ride between Dan and Jerusalem. The annual fund-raising event is being organised by the British Heart Foundation.

The charity is important to Mr Yeates because he has lost one

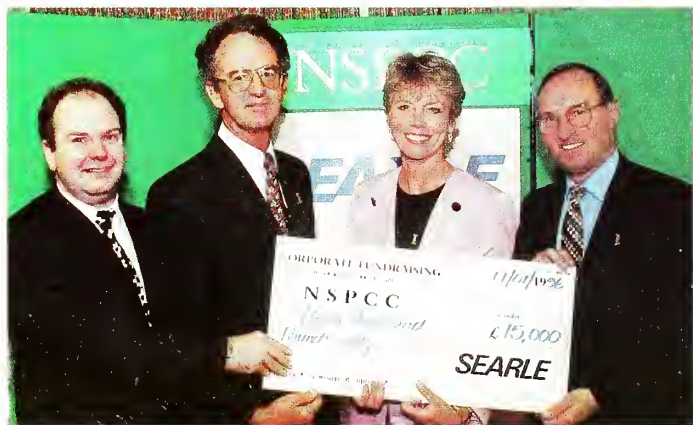


friend to heart disease and another is currently recovering. He is also involved in Action Heart, a local initiative at Russells Hall Hospital, Dudley.

Another reason for putting himself through the challenge is his interest in cycling. "It's a

hobby. I'm also keen on exercise and riding a bike is a good form of exercise," he says.

Mr Yeates will be joined by his son, Joe, 23, and they expect to raise around \$5,000 between the two of them for the British Heart Foundation.



Presentation ceremony with (l to r) Steve Briscoe (NSPCC), David Doodson (Searle general manager), 'Travel Show' presenter Penny Junor and Ian McLaren (NSPCC)

## Pharmacists assist NSPCC

Pharmacists have helped raise \$15,000 for the National Society for the Prevention of Cruelty to Children through the Dramamine Happy Traveller Appeal.

The appeal, which ran through pharmacies, asked customers to dispose of their spare foreign coins to raise money for the children's charity. The total also had a boost from Searle, which donated \$0.02 for every pack of Dramamine sold throughout the summer.

A cheque for the full amount was presented to BBC TV's

'Travel Show' presenter, Penny Junor, at the charity's London headquarters.

The appeal is to be repeated this summer, when Numark, AAI and Sangers (Maidstone) will distribute fund-raising kits to thousands of pharmacies throughout the country. The kits include coin collection boxes, holiday checklist consumer leaflets and consumer offers.

A monthly competition for pharmacy assistants involving a mystery shopper and a prize of 1,000 air miles is also planned.

## The morning after

The delicate, bleary-eyed, hung-over visitor to the pharmacy can normally muster enough energy to impart details of his symptoms. He does not usually resort to pictures of the night before.

However, in the latest television advertisement for Polaroid he does just that. No words are exchanged between customer, assistant or pharmacist, only looks of horror when the photos are passed round. And the only WWHAMing that can be heard is that of blaring music every time the pictures are turned over.

The 'Cure-all' ad from Bartle Bogle Hegarty is part of Polaroid's new year campaign. However, the content of the pictures remains a mystery. "No one has ever seen them," insists the company's publicity manager, Pat Wallis.



## COMING EVENTS

### TUESDAY, FEBRUARY 13

**Leicestershire Branch, RPSGB**  
Beer and skittles night at the Oadby Owl, Oadby, 7.30 for 8.00pm.

**Lanarkshire Branch, RPSGB**  
Joint meeting with the Lanarkshire division of the British Medical Association and the Lanarkshire division of the British Dental Association, at the Bothwell Bridge Hotel, 8.00pm. 'Tele-medicine' with Professor Richard Wooton, director of the Institute of Tele-Medicine and Tele-Care, Queen's University of Belfast. Sponsored by Glaxo Pharmaceuticals and the Royal Pharmaceutical Society.

**Harrow & Hillingdon Branch, RPSGB**

At Northwick Park Hospital, 7.30 for 8.10pm. 'Tropical medicine' with M Adams.

**South Staffordshire Branch, RPSGB**

At The Swan, Lichfield, South Staffordshire, buffet, 7.30 for 8.00pm. Speaker: Dr J Barnes, consultant gastro-enterologist.

**Leeds & District Branch, NPA**  
At the Parkway Hotel, Leeds, 8.00pm. 'Are you losing money? And are you getting too many prescriptions returned?' with Audrey Church, divisional manager, Wakefield Prescription Pricing Bureau.

### THURSDAY, FEBRUARY 15

**Edinburgh & Lothians Branch, RPSGB**

At York Place, 7.45pm. 'HRT and the menopause clinic' with Dr Ailsa Gebbie, The Dean Terrace Centre.

**Wirral Branch, RPSGB**

At Wirral Postgraduate Medical Centre, Clatterbridge Hospital, 7.30 for 8.15pm. 'Ulcer treatment - dual and triple therapy'.

**Bath & District Branch, RPSGB**

At the Gainsborough Room, Pratts Hotel, Bath, 8.00pm. 'Drug abuse, identification and the work of the drug squad' with WDC Pat Gates, chemist officer, Drug Squad, Avon & Somerset Constabulary.

### SATURDAY, FEBRUARY 17

**Stirling & Central Scottish Branch, RPSGB**

Ceilidh dinner dance at The Stirling Management Centre, Stirling University Campus, 7.30 for 8.00pm until 12.30am.





SOUGHT AFTER (D..I.Y.)  
**DRUG DETECTION KITS**

**NOW AVAILABLE TO SELECTED RETAIL OUTLETS**

The Drug Alert detection kit is designed to give parents access to proven drug detection technology employed by law enforcement agencies world-wide. It allows parents to determine if there are traces of illicit drugs such as Ecstasy, Cocaine, Cannabis etc. . . . in the rooms of, or on the property of their child with their anonymity being guaranteed.

As a result of our initial launch, we have received an overwhelming support for the product from both parents and children alike, the most common feedback being: "It's a good idea" and "I would buy it".

Our own research shows that 85% of parents feel that there is at least a 50/50 chance of their child coming into contact with illicit drugs. Of these 79% indicated they would buy the drug detection kit. When questioned further, 85% of parents expressed their preference to purchasing the drug detection kit over the counter rather than via telephone. This demonstrates a far greater demand for the product through retail outlets.

As our commitment to accepted stockists's, Drug Alert will back-up the entire operation with extensive advertising in the National and local press as well as National Radio. Promotional material is also provided to maximise sales and ensure the Drug Alert kit becomes a household name.

*For full information on the exciting benefits available to  
selected outlets, contact*

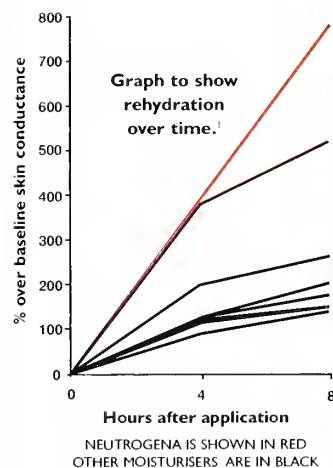
*Simon Carr on 0181-502 6744.*



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**Hypoallergenic**

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For the management of  
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**EFFECTIVE FOR DRY SKIN CONDITIONS IN:**

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E.T.C. For external use only.  
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Johnsons & Johnsons Foundation, Park, Roxboro

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head S. 100g

**References:**

1. Clinical Study, St John's Dermatological Unit, St Thomas' Hospital (Data on file)
2. Clinical Studies, Neutrogena Corporation (Data on file)

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